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LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

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LECTURE XVII.

RAMOLLISSEMENT OF THE SPINAL MARROW.

GENTLEMEN: In our last lecture we disposed of ramollissement when affecting any part of the nervous centres contained within the cavity of the cranium; it remains, to complete our subject, that we now take up this lesion in the spinal marrow. Ramollissement of the spinal marrow may be either general, that is, affecting the totality of the chord, or partial, and confined to one or more limited points. The partial softening may affect any point of the spinal chord, from the pons varolii down to the cauda equina; but as there are certain regions in which the lesion sometimes gives rise to peculiar symptoms, we may, according to them, distinguish it into cervical, dorsal, and lumbar ramollissement. Again, the anterior chords of the spinal marrow may be affected singly, or the lesion may occupy the posterior chords alone, and from what is known of the different functions, you can readily conceive how ramollissement may be attended by different symptoms, according as one or other of those two parts may be the seat of the disease. Finally, the white substance alone may be implicated; or the lesion may be confined to the gray matter, or may attack both at the same time. Ramollissement of the spinal marrow does not, in general, attack the intellectual faculties, unless the disease have extended farther, and implicated the more important parts of the nervous system, the cerebellum, or the cerebrum. In these latter cases the intelligence may be gradually affected, in proportion as the disease ascends from the organ of movement to the parts destined for the performance of a more elevated function. However, if the intelligence often escapes, we have, on the other hand, very few cases of ramollissement of the spinal marrow, in which the faculty of motion is not modified in a greater or less degree. Lesions of motility are the most ordinary, frequent, and remarkable symptoms attending ramollissement of the chord; they generally characterize it in a sufficiently clear manner; however, we possess a certain number of cases where

Extensive Softening of the Spinal Marrow

has given rise to only very trifling phenomena; yet the destruction of the nervous pulp was most considerable. Two cases of this latter kind have been published; one by M. GENSOUL, of Lyons, in which the lesion occupied the lumbar portion of the spinal marrow. A very considerable mass of the nervous substance in that region was softened, disorganized, and reduced to a liquid pulp, yet M. GENSOUL assures us, that he observed no lesion of the motility worth mentioning. The force of the limbs remained intact; there was no paralysis, nor were there any convulsive movements in any part of the body. M. VELPEAU is the author of the second case; here it was not the lumbar, but the cervical region, which was affected, and the lesion was much more considerable than in the former case. The whole of the medulla oblongata, from the edge of the pons varolii to below the pyramids, was reduced to a truly liquid state. Not the least trace of nervous substance remained, and even the membranes had disappeared; yet with so extensive a destruction of the chord, motility was but slightly modified; this case is a very remarkable one, and gives rise to several interesting reflections; these we cannot now pursue. We would merely draw your attention for an instant to the fact in comparative anatomy, that in several animals we find the spinal marrow excessively small, almost rudimentary, and yet the movements

are not on that account less energetic or extensive; nay more, in a still lower order, the nervous influence is transmitted through a liquid which occupies the place of what, in more perfect animals, is nervous substance. Hence we can understand how a chord, incompletely formed, and not possessing all the parts seen in a normal state, may still serve as a directing agent of the movements. The two cases just mentioned, are the only cases with which we are acquainted, where the ramollissement was sufficiently extensive to produce a complete interruption of the spinal marrow into two distinct and separate parts.

Limited Softening.

Let us now turn to another set of cases, where the lesion, though very extensive, has not been carried to the length of completely destroying the continuity of the spinal marrow, as in the former cases. In one of these cases the ramollissement occupied the dorsal region of the chord. The nervous pulp was destroyed to a great extent, but a small slip remained, which connected together the superior and inferior portions. Here the lesion of the chord manifested itself by a modification of the motility: the lower limbs preserved the power of motion, the patient was able to move his legs without difficulty, to walk about, but the superior extremities were paralyzed. The force of the hands and arms was completely lost, and the members, in addition, were contracted. In other cases the alteration of movement is still more profound. However, when the ramollissement chiefly occupies the posterior pillars of the spinal marrow, the patient may sometimes recover from the paralysis with which he was at first affected, but it is rare to find a termination of this fortunate kind.

The Lesions of Motility

which result from ramollissement of the spinal marrow, are very various and multiplied; we have already seen this in the brain; it is the same thing in its prolongation into the vertebral canal. Sometimes the power of movement is simply diminished without being lost. The limbs are weak, the gait is unsteady, but the patient walks about, and can seize an object in his hand, though he has lost the power of squeezing it with any force: at other times we observe complete paralysis. The power of motion is entirely destroyed, and the lesion then attacks various parts of the body. Thus the paralysis may have its seat exclusively in the limbs, and the inferior extremities alone may be affected, and then we conclude the ramollissement occupies a point of the chord below the origin of the nervous trunks that unite to form the great brachial plexus. In other cases we find the four limbs paralyzed at the same time. The inferior extremities first lose the power of motion, and the paralysis ascends gradually until it has gained the whole trunk and upper extremities. This paralysis, no matter where it is situated, may attack the individual in a gradual or in a sudden manner. Sometimes the loss of motion comes on as if it were the result of hemorrhage in the brain. At other times it passes through the several stages of numbness, feebleness, which remains for a greater or less period, and, finally, paralysis. Thus you see two modifications, two distinct forms, under which the disease may present itself to our notice. The paralysis may also attack other parts of the body. Thus we find the power of motion lost in various muscular parts beside the extremities; for example in the muscles of the trunk, producing embarrassed respiration; in the muscles of the pharynx and œsophagus, giving rise to difficult deglutition; in the rectum, bladder, and other muscles of organic life. Instead of paralysis, ramollissement of the spinal marrow may be accompanied as chief phenomena, by

Contraction of the Limbs, or Rigidity, and Convulsions.

Here the nature and much of the contraction is exactly the same as what we saw taking place when the brain was affected. Under its influence, especially if congestion of the nervous pulp surrounding the softened mass be superadded, we may have either general or partial convulsions developed; and then irregular movements may attack the muscles of the trunk, or be confined exclusively to the extremities. In some cases the convulsions begin with the disease of which they form one of its first symptoms. In others this lesion does not set in before the ramollissement has made some progress; they then appear at a more or less early period of the malady. When once established, the convulsive movements may persist until death, or disappear, and return again at uncertain intervals; more frequently they persist for some time, and then are replaced either by paralysis or contraction of the limb. These are the principal disorders of movement that we observe in the course of ramollissement of the spinal marrow; as you see, they vary under three principal heads, paralysis, convulsions, and contraction. The phenomena afforded by

Lesions of Sensibility

form the next subject of our inquiry. In a former lecture we spoke at some length on the various regions which may be the seat of pain in inflammation of the spinal marrow, and we laid before you the opinions held upon this question by Messrs. GRIFFIN and ENS, and some other medical men. We have but little to add on ramollissement to what was said upon that occasion. In certain cases, where the patient was cut off un-

equivocally by ramollissement of the spinal marrow, we have observed no lesion of sensibility whatever, no pain or disorder of the kind just alluded to; in other cases we find the limbs affected with severe pains, which either precede or follow the loss of motion; in many examples the patient complains of a profound pain occupying the depth of his limb, or following the course of the great nervous trunks, and liable, as we said before, to be mistaken for neuralgia. In some cases these pains do not exist; the limb is merely benumbed; the extreme parts are cold, less sensible than they should be. The patient treats these incipient symptoms with neglect, but the disease marches, the *engourdissement* and insensibility gradually augment, and then terminate in paralysis. We call to mind a case in which the chief symptom for two consecutive months, was nothing more than a sensation of cold, of intense cold, occupying the extremities of the fingers and toes. This symptom persevered without any change for eight weeks; it was succeeded by a pricking kind of feel in the same parts. After a short time the extremities were seized with brusque convulsive movement (*des mouvements saccades*); these latter were repeated daily, and the accidents finally terminated in contraction, and other symptoms of ramollissement of the spinal marrow.

When speaking of myelitis we said, that the different functions of nutritive life might be variously deranged under the influence of inflammation seated in the spinal chord. The same observation is applicable to ramollissement of this part; the different acts of digestion, circulation, and respiration, may be variously modified in such a way and to such an extent as to simulate different organic diseases; but we spoke fully upon this interesting point when treating of inflammation of the nervous centres, it is therefore unnecessary to recur to it again.

Ramollissement of the spinal marrow, like softening of the brain, presents itself under different forms, according as the several symptoms to which it gives rise may happen to group themselves together. Thus, we distinguish two principal forms, depending on the more or less rapid succession of the functional derangement, viz. the acute and the chronic. The first, or

Acute Ramollissement of the Spinal Marrow,

comprehends the following subdivisions, which we shall enumerate simply, without entering into any details. In the first set of cases we find that the ramollissement is formed in a most rapid manner, and produces sudden death; some patients, in fact, are carried off in the most quick and unexpected manner; a few hours have scarcely elapsed from the first manifestation of the disease, and they have ceased to exist; in other cases death does not arrive quite so suddenly, although the march of the disease is rapid enough. The patients do not survive more than twenty-four hours. Here, also, the softening takes place almost suddenly; the patient falls instantaneously into a state of complete coma, as if the brain were the seat of extensive hemorrhage, or he is attacked with general convulsions, in the midst of which he expires. Finally, in other cases of acute ramollissement of the spinal marrow, the disease lasts beyond twenty-four hours, and continues for several days. Here the individual does not fall into a state of coma; the intellectual faculties are not in the least troubled; all the symptoms are connected with lesions of motility; the limbs become contracted, the respiration gets embarrassed, difficult, and the patient soon dies in a state of asphyxia. Thus you see three different cases of acute ramollissement of the spinal marrow. One set terminates in two or three hours; the second within the first twenty-four hours; the third, set of cases lasts for a few days. Now, if we turn to the other species of

Chronic Ramollissement of the Spinal Marrow,

we find there that the symptoms succeed one another in a slow and gradual manner, constituting a chronic disease, whose duration may vary from several months to several years. In some cases the malady progresses excessively slowly, and gives rise to but an insignificant number of functional lesions; the symptoms are for a long time obscure and slight, and it is not until after a lapse of eight or ten years that they assume a greater degree of intensity, and terminate in death. The duration then of this disease is, as you see, very various, but no matter whether an acute or a chronic disease, the termination seems to be almost always of a fatal nature; indeed, it is doubtful whether ramollissement of the spinal marrow has ever terminated in a cure. We know that cases of the latter kind are cited in medical works; we are aware how some authors have described cases which they considered as cured, but when you reflect on the doubtful nature of many nervous affections, when you remember the fact we have so often had occasion to recur to,—viz. that various organic lesions of the nervous system betray themselves by the production of identical phenomena, you will be ready to concede that, in the cases alluded to, we cannot say to any certainty whether ramollissement existed or not; we are the more induced to insist upon this latter conclusion, because we have seen cases where almost all the symptoms of ramollissement of the spinal chord were present, yet, sometimes under the influence of appropriate treatment, sometimes without any known cause, these symptoms have suddenly disappeared, and the patient has been restored to

the full enjoyment of health, under circumstances which certainly do not permit us to admit the existence of an organic lesion.

Termination of Spinal Ramollissement.

In the case of ramollissement of the spinal marrow, death arrives in the same way, and with the same varieties, as we have described in myelitis; we shall not, therefore, dwell at any length upon this part of the subject. When the disease is acute, and marches with a rapid pace, the patient usually dies through the respiratory organs losing at the end the power of functioning. In chronic ramollissement of the spinal marrow, death takes place; on the contrary, seldom by embarrassment of the respiration, but by gradual wasting of the patient's force, of the influence which this lesion exercises on the functions of nutritive life; or, finally, some of the great organs contained in the cavities of the head, chest, or abdomen, are attacked with acute inflammation, and the patient dies by the intercurrence of another disease; indeed, chronic softening of the spinal marrow rarely runs its course to the end, without being complicated with some other internal affection; the symptoms proper to the ramollissement may continue for years without any very dangerous effect on the general health; an acute disease comes on, and terminates fatally in a short period. After death we almost always find inflammation of some one of the principal internal organs.

We have now passed in review the whole history of ramollissement of the nervous centres; we have described its anatomical characters, have laid before you an account of its various forms, and have endeavoured, so far as the state of the science would permit, to give you a faithful account of the inconstant and often contradictory symptoms, by which this lesion of the nervous system is accompanied; it remains for us to say a few words on the

Treatment of Ramollissement generally.

Here it is unnecessary to follow the same division that we established, when speaking of its symptomatology, for the nature of the treatment is not influenced by the seat of the lesion; it is the same, whether the ramollissement affect the cerebral hemispheres, the cerebellum, the mesocephale, the medulla oblongata, or, finally, the spinal marrow.

The nature of the treatment must here, as in many other circumstances, be regulated partly by the symptoms which accompany the disease, and partly by the individual disposition of the patient, and the state of his economy at large. Thus the ramollissement is sometimes attended by a strong hard pulse, violent headache, convulsions, contraction of the limbs, delirium, &c., in a word, by various symptoms denoting an inflammatory action; here the indication is simple and easily seized; we must have recourse to blood-letting, either general or local, and repeat it cautiously, according to the intensity &c. of the inflammatory phenomena. However, in a great number of cases we do not observe any signs of general reaction; there is no fever; the pulse is slow and not full; the disease has commenced by a gradual weakening of motility and sensibility. In cases of this kind sanguineous emissions should be employed with the greatest reserve; they seem to do more harm than good, and to accelerate that state of general debility and prostration into which the patient is finally to sink; on the contrary much benefit may be obtained by endeavouring to palliate the several symptoms as they present themselves, while we support the constitution, and eventually prolong life, by daily administering some mild tonic, or having recourse to bark, or the preparations of iron. In general we should rather, I think, look to the constitution of the patient, and the existing symptoms, than to the organic lesion of the nervous system. If we think exclusively of the latter, and, regarding every ramollissement as an effect of inflammation, have recourse on all occasions to blood-letting and other antiphlogistic means, we run the risk not only of applying the remedy to a condition of the cerebro-spinal axis to which it is not suited, but of plunging the patient into a fatal degree of anæmia and exhaustion.

In a former part of our course we opposed hypertrophy to atrophy of the nervous centres; we considered cerebral hyperæmia in opposition to cerebral anæmia. We shall next examine the anatomical characters and symptoms of induration of the brain and spinal marrow, as opposed to ramollissement of the same parts. But to-day I cannot conveniently enter upon the new subject. It shall form the matter of discourse with which we will commence at our next meeting.

Tight-Lacing.—An anatomist informed me that upon examining the body of Mademoiselle Leblanc, a young French milliner, remarkable for the fairy-like petitesse of her *taille*, who died at Edinburgh, an early victim of consumption, he found that those portions of the lumbar and abdominal muscles which had been subjected to the highly-strained pressure of the corset during life, were reduced to the consistence of a soft and flaccid cellular tissue, faintly sheeted with muscular fibres.—*Freschel's Lect. on Phys. Educ.*

CLINICAL LECTURES

ON

SURGICAL CASES,

DELIVERED IN 1836, AT THE

JERVIS-STREET HOSPITAL, DUBLIN,

BY

WILLIAM WALLACE, M.D., M.R.I.A.,

Surgeon to the Hospital, and to the Infirmary for Diseases of the Skin, including Venereal Diseases, and the consequent Diseases of the Urinary and Genital Organs, &c. &c.

TREATMENT OF THE VENEREAL DISEASE BY THE HYDRIODATE OF POTASH, OR IODIDE OF POTASSIUM.

You are, gentlemen, aware how very much I have been engaged for the last two or three years, both in this hospital and in the Skin Infirmary, in investigating the influence of iodine over the morbid states produced by the venereal poison. It is unnecessary for me to trouble you now with the circumstances which induced me to commence this investigation. Let me however observe that I had not long entered on it, before I felt with so much force its importance, that I determined to suspend the further publication of my work on syphilis, one volume of which had appeared, until I had collected a sufficient number of facts to enable me to deduce accurate and general conclusions on the subject. This period has arrived. The facts accumulated are amply sufficient for the required purpose. I have put my work to press, and it is my expectation that before this session is over, a portion of it, at least, will be published. In the mean time, I think I cannot occupy a few lectures more usefully for you, than by taking a cursory clinical review of the most important points of the investigation, during which I will recall to your memory some of the most remarkable cases you have witnessed. In this review I shall, however, confine myself entirely to those cases which have been carefully and regularly reported. The number of these, speaking only of the secondary cases of the poison, amounts to one hundred and forty-two, and includes all the varieties which the venereal disease presents, both in its simple and its complex forms.

As the constitutional effects of the venereal poison are seldom confined to one part of the body, or to one tissue, there is a difficulty in arranging the cases under distinct heads. For example, in eruptive affections, it very often happens that other parts besides the skin suffer. Sometimes there exists iritis, sometimes ulceration of the throat, and so on. Now, the plan I have adopted to remedy the difficulty which evidently exists, is to place each case in that division to which its more prominent symptoms belonged. Thus, if a patient laboured under a trifling affection of one part, and a severe affection of another, I neglect, in the arrangement, the more trifling affection, and place the case with those to which it is allied by its more severe symptoms.

The one hundred and forty-two cases, when classed upon the principle which I have just mentioned, give us six cases of iritis, six cases of diseased testis, ten cases of nodes, including all the affections of the fibrous, synovial, and osseous systems, ninety-seven cases of eruptions, including all affections of the cutaneous system, twenty cases of disease of the mucous surface of the mouth, nose, throat, &c., and three cases in which the medicine was administered to females during utero-gestation, for the protection of the fœtus. I shall consider each form of disease separately and successively.

Latterly, the only preparation of iodine which I have used is the hydriodate of potash, and it is the only one which I would recommend. Before I go farther, I must give

My Reasons for the exclusive use of this Preparation.

In the first place, I believe that whatever preparation of iodine you use, it is only in the state of hydriodic acid, or of a hydriodate, that it enters the system. I have never been able to detect free iodine in any part of the body, or in any of the excretions. If you administer iodine in its free state to a dog, and examine the contents of his stomach, after the lapse of a very short time, you will not be able to detect an atom of iodine in the free state. You will find that it has all been converted into hydriodic acid. On one occasion Doctor O'Shaughnessy could detect no iodine in the matter discharged from the stomach of a dog to which he had given this substance fifteen minutes previously; but he found a large quantity of hydriodic acid. Are we not, from these facts, entitled to arrive at the conclusion that iodine, as I have said, enters the system only as an hydriodate or as hydriodic acid? If this be the case, it is quite useless to employ iodine in any other form, when it is our object to introduce it into the system. In the second place, it is not only useless, but it is encountering an unnecessary danger, to use iodine in its free state, or even in the state of solution in the hydriodate of potash, that is in the state of an ioduretted hydriodate. Iodine, unless saturated with hydrogen, is a violent local irritant, and although the stomach has the power of effecting the change from a free iodine to a hydriodate or to hydriodic acid, with great rapidity, yet that change does not take place so instantaneously as to prevent the occurrence of irritation of the gastric

mucous surface Make the experiment on a dog, of introducing free iodine into his stomach, and you will find that although it be rapidly changed into hydriodic acid, the mucous surface of the stomach has been phlogosed, discoloured, and probably ulcerated. But if you introduce an equivalent quantity of hydriodate of potash, or even a much larger quantity, no injury whatever results to the gastric organ. Now, if iodine can enter the system only when combined with hydrogen, and if its combination with hydrogen prevents in a great degree its action as an irritant, it is evident that it should be employed only in the state of combination with hydrogen. I shall have occasion to bring before your notice cases in which the tincture of iodine, both simple and ioduretted, failed to produce any favourable influence, because the irritation excited on the stomach prevented its employment in such doses as were sufficient to act on the disease, and in these very cases the action of the hydriodate of potash was subsequently most beneficial. I shall also have to mention to you some other cases which have come to my knowledge, of persons who have had disease removed by the administration of iodine in its free state, but at the expense of an injured stomach, and great emaciation. Indeed, from all I have seen, I have formed the opinion that iodine very seldom produces any unpleasant effects on the system except when employed in a free state, or in the form of the ioduretted hydriodate of potash. I can at least affirm, that of the numerous cases in which I have employed the hydriodate of potash, I have never seen, except from mismanagement, any unpleasant effects result. Such, therefore, are my reasons for preferring the hydriodate of potash. I need scarcely remind you of the

Dose and Mode in which I administer this Medicine.

The *Mistura Hydriodatis Potassæ* contains in every eight ounces of water, two drachms of the salt. Of this an adult patient takes one tablespoonful four times a day, or two ounces daily. Hence, eight ounces lasts four days, half a drachm, therefore, is taken daily. I seldom make any addition to the mixture, but sometimes I direct that when the patient takes his medicine, a little water, or a little sirup, shall be added, provided its taste be complained of.

You know I never neglect the state of the urine, as a means of informing me of the degree with which the system of the patient is impregnated with the medicine; and having brought the urine to the state which I conceive to be necessary, I am still guided by it as to the quantity of the salt which I administer,—just as I am guided in employing mercury by the state of the mouth of the patient. In short, I give the hydriodate in the dose I have mentioned, until the urine is so impregnated, that it is rendered as black as ink upon the application of the tests which I employ. In consequence of my practice being thus regulated, I can never be much imposed on by the quality of the salt, and this, you will admit, is a most important consideration, if you reflect on the degree to which it is often adulterated. It is only just to state, that the hydriodate of potash manufactured in Dublin by the houses of Hunt and of Scanlan, is, so far as I know, entirely unobjectionable, while the salt which is imported into Dublin cannot be relied on. Of this latter I have made no quantitative analysis, but I feel convinced, from its comparative action on the system, that it is often adulterated to the extent of fifty or sixty per cent; and Dr. Christison, Dr. O'Shaughnessy, and Mr. Pereira, have tried specimens of the hydriodate of potash, in which the adulteration was carried to a still greater extent.

Presence of the Hydriodate in the Secretions.

It is remarkable how soon you may detect the hydriodate of potash in the urine of a patient who is taking it in full doses. You will always ascertain its presence in a very few hours. In a dog poisoned with iodine, Dr. O'Shaughnessy detected the poison in forty minutes in the urine. It is equally remarkable how soon, after this medicine has been omitted, the urine ceases to be loaded with it. In general, whatever the quantity may have been which your patient has taken, or the degree to which his urine may have been impregnated by it, you will not detect more than a trace of it in this secretion, in the course of a few days after omitting its use; but this *trace* will often persist for several days. It is very clear, from these facts, that it is a medicine which rapidly enters, and as rapidly leaves, the system. Hence I altogether doubt that it is ever accumulated in the system, although I am sure its continued use may bring about, after some time, effects not at first observable. The urine is not the only outlet by which iodine escapes from the body. Give it to a nurse, and you will find it in the milk. In the case of Margaret Heavy, and two others, it existed in large quantity in their milk, and even in the urine of the children who were at their breasts. You can always detect it in the saliva, and I have demonstrated its existence in the tears of several patients, who had iritis with lachrymation.

There are many tests which you may use for ascertaining the presence of the hydriodate of potash in the secretions. Those employed by me you remember; they are quite sufficient in practice. This bottle contains a solution of starch; this, a dilute sulphuric acid; and this, a weak solution of the chloride of lime. The chloride of lime answers equally well as, and is more easily obtained than, a solution of pure chlorine. I

have in this test tube a little urine from the patient Kearnan. I add to it a couple of drops of the dilute sulphuric acid: no perceptible effect seems to result. I now add a small quantity of the solution of starch, and now a drop or two of the solution of the chloride of lime. This is the order in which I generally add these re-agents, but this order is not essential. You observed, that as soon as I added the chloride of lime, the contents of the test tube were changed to a dark blue or black colour. Now remark, that when I add a little more of the chloride of lime, the black colour is destroyed, and the liquid becomes again clear.

For such of you as are not chemists (if any among you be as yet unacquainted with the elements of this all-important science), I shall explain in a general way the mode of action of these re-agents. It is supposed that the hydriodate of potash exists in the urine. I add sulphuric acid to it. This acid has a powerful affinity for the potash of the hydriodate, and it combines with it, forming sulphate of potash, and sets the hydriodic acid free. I next add chlorine. This element has a powerful affinity for one of the constituents of the hydriodic acid—for the hydrogen. It unites with it, forms hydrochloric, or muriatic acid, and sets the iodine free. To the urine now containing free iodine, I add a solution of starch. This substance forms with iodine a compound remarkable for its blue colour, and, therefore, by its addition to the urine containing free iodine, the blue colour is developed. Farther, the compound formed by the union of starch and iodine is soluble in chlorine; hence, when I add an excess of chlorine to the compound, it is dissolved, and the liquid, from being of a dark opaque colour, is again rendered light and transparent.

You may suppose, that as the hydriodate of potash can be so easily detected in the excretions, it will be found as easily in the blood, from which those excretions are formed. Cantu, an Italian, and Bennerscheidt, a German, have, we are told, detected it in the blood of persons who were using it medicinally. They have, however, been more successful than I have been. I lately examined with great care both the arterial and the venous blood of three persons, and in none of them could I find a trace of either hydriodic acid or of free iodine. As these results have been different from those which the gentlemen I have mentioned obtained, it is right that I should state to you the process which I adopted. I first applied to the clear serum the tests which I have already mentioned, but failed to detect a trace of the medicine, although the urine, the saliva, and the tears of the same patients (viz. the patients Kearnan and M'Laughlin, and Timmons, all of whom laboured under iritis), contained the medicine in large quantities. In the examination of the remainder of the serum, and of the whole of the clot of each, I adopted the process which I shall now explain. I mixed the serum and the clot, after it had undergone spontaneous decomposition, together in a mortar, and passed into the mixture sulphuretted hydrogen, with the view of affording hydrogen to any free iodine which might be contained in either the clot or the serum, and thereby of converting it into hydriodic acid. This process being completed, I expelled by heat the excess of gas, and added carbon. of potash in excess, to saturate the hydriodic acid, and thus form an hydriodate of potash. I then filtered the whole, and evaporated the filtered liquor to dryness. The mass thus obtained I charred in a covered crucible at a low red heat. The substance procured, I pulverized it, and washed with water. The water, containing whatever it dissolved, was filtered, and tested with the tests I have already mentioned. I failed to detect the hydriodate of potash. The remainder of the water, with whatever it washed from the charry mass, I evaporated to dryness, then treated it with alcohol, to dissolve any hydriodate it might contain, and evaporated the alcohol. Having dissolved the residuum in water, I acted on it with the tests for the hydriodate of potash, but in vain. I am therefore disposed, from these trials, to conclude that iodine either does not exist at all in the blood of a patient under the action of the hydriodate of potash, or only in a very minute quantity. This is an occurrence analogous to what in general happens; for the more common rule is, that poisons which appear to enter the blood cannot be detected in it. There are, however, several exceptions.

I have frequently examined the discharges from the ulcers of persons under the influence of the hydriodate of potash, and never could detect it in them. In the case of Keogh, who died while labouring under an immense fungous disease of the groin and penis, for which he took the hydriodate of potash, I could not detect this medicine in the exhalations of the serous cavities, although it existed in the urine which was found in his urinary bladder after death. It would thus appear to me that it is doubtful whether this medicine can be found either in the blood or in the exhalations, while its presence is most easily ascertained in all the excretions which I have examined. It has been detected by several in the perspiration, in the milk, saliva, and urine. I have detected it in all these except the sweat; upon this secretion I have not made any experiment. Its existence in the tears has been, so far as I know, first demonstrated by me.

What are the Effects produced by the Action of the Hydriodate of Potash on the System, independently of its action on diseases, and of its influence on the composition of

the excretions? They are in general few in number, and I have often employed this medicine until I had accomplished the cure of my patient, without his experiencing any other sensible influence from it than the general improvement of his health.

Its most common effect, by far, is an increase of appetite, combined with an increase of strength and of spirits. These effects are sometimes very remarkable, and form a striking contrast with those produced by some other valuable medicines; as for example, mercury and arsenic, their constitutional influence being almost uniformly followed by the very opposite states to those I have mentioned. I shall not now enlarge on the great advantage which the hydriodate of potash affords, from this most important power of invigorating the system, and of increasing the energy of the digestive organs.

I have sometimes noticed this medicine to cause an increased secretion of urine, sometimes an increased action of the bowels, and in some cases, as in those of Kelly and Roche, lately under treatment, a remarkable increase of perspiration. I have also known the bowels to be constipated by its use. In no cases, however, excepting two or three, have any of these states required to be controlled. On one or two occasions the state of the bowels demanded the interruption of the medicine, or its combination with a few drops of the tincture of opium. On others, laxatives have been required. I have occasionally seen salivation induced by the hydriodate of potash. The most remarkable case of this kind was that of a child, aged about four years. It appeared to me the more remarkable, because salivation from mercury is produced with so much more difficulty in children in general than in adults. In this child, and in the case of one adult, I was obliged, from the state of the mouth, to interrupt for a time the employment of the remedy.

An effect of this medicine which is not very uncommon, and sometimes is troublesome, is a state of the throat which the patient calls a sore throat, and says he feels as if he had caught cold; or else a state of stomach which is described by the patient to be like a heartburn, along with which there exist sometimes other symptoms of indigestion, as flatulency. In some cases there was great indigestion caused. These affections of the throat and of the stomach require you to give up the medicine for a time, or combine it with quinine; and the influence of quinine is indeed very remarkable in controlling these states of throat and stomach. This consideration induces me to believe that the state of the mucous surfaces on these occasions, is not a state of inflammation, but a state of a peculiar type of irritation.

You know that my practice in such cases is to cause the patient to take a quinine mixture, as frequently in the day as he takes the hydriodate of potash mixture, but I do not combine the two medicines in the same mixture. I cause him to take them with an interval between them of one or two hours. It is a good plan to separate the one medicine from the other by the meals of the patient. Two or three grains of quinine in solution in water, acidulated with sulphuric acid, will be sufficient for a dose; and it often happens that the patient is able, in a few days, to omit the use of the quinine, without the omission being followed by a return of the unpleasant state of the throat and stomach, although he continues the hydriodate of potash. I have to add that I have not unfrequently observed in patients taking the hydriodate of potash, a state of irritation of the schneiderian membrane, testified by a considerable discharge from one or both nares, and uneasiness extending along the nose to the forehead.

Sometimes patients, particularly delicate females, while under the influence of the hydriodate of potash, lose the power of sleeping so much as is natural to them. A state of watchfulness, in fact, takes place, often accompanied by feelings in the head, which are variously described by different persons. They are, however, seldom so severe as to deserve the name of headache. Whenever these symptoms occur, I deem it expedient to administer a purgative, and to interrupt, for a time, the use of the medicine.

You may ask, have I not witnessed, as a consequence of the employment of the hydriodate of potash, any of the terrible effects which have been said to result from the influence of iodine, such as emaciation, with great gastric irritation, wasting of the testes and mammæ, tubercles in the lungs, hæmoptysis, serious affections of the nervous system, and many other evils. I will candidly disclose to you the result of my experience. Let me however premise, that I am far from casting the slightest doubt on the veracity of those statements which have been made on this subject. I may have been more fortunate than others in my practice; this, however, I do not suppose. I attribute the difference of the results which I have experienced, to the difference of the preparation which I have used. From what I have seen of the action of iodine employed in the form of tincture, and in the form of solution in the hydriodate of potash, I can have no doubt that it would be capable, by its peculiar irritating influence, of producing the most serious consequences on the animal economy. I have not however seen these consequences result from the employment of the hydriodate of potash; but I shall tell you what I have seen.

On one occasion, in this hospital, from some misconception on the part of either the nurse or the patients, two females, one in No. 8 ward and one in No. 4, took for one day double the usual dose of the hydriodate of potash; that is, each patient took one drachm of the salt in solution. There resulted in both a series of symptoms precisely alike; there was sickness, soreness of throat, colicky pains, vomiting, and purging to a slight degree, frequent pulse, and exhaustion. It was remarkable that each of these patients attributed her symptoms to the meat which she had got on the preceding day for dinner, and not to her medicine. This was, however, to all appearance an erroneous opinion, because none of the other patients in the hospital were affected in the same manner, although they had dined off the same meat. In both patients these symptoms disappeared on the following day, and the only remedy adopted was a draught of castor oil and tincture of senna, with a few drops of tincture of opium.

Several of my patients, while under the full action of the hydriodate of potash, were attacked with an acute pain in the anterior and lower parts of their left side, precisely in the centre of the superficies formed by the false ribs, accompanied by some cough and difficulty of breathing. In the cases of Nicholson, Conroy, and Kearnan, these symptoms were very remarkable. All these patients were bled, and some of them blistered. In all, the blood was cupped and buffed, in all there was considerable fever, and in the case of Conroy the feverish symptoms were very severe, and attended by a dry and brown tongue. If these symptoms had occurred in only one case, it would never have entered into my mind to suppose that they were produced by the medicine; but having occurred in so many, their character being in all precisely the same, I am ready to conclude that possibly they were dependent on the medicine; and yet I cannot say which was the organ affected. Their stomachs did not seem deranged. In all the patients the affection went off without much trouble. The medicine was omitted for a time, and subsequently resumed without inconvenience.

I now assure you that those which I have mentioned were the only really unpleasant symptoms which I have seen to arise in the hospital patients to whom I have administered the hydriodate of potash. I must here, however, observe that our apothecary, Mr. Cullen, has informed me that on one occasion he observed purpura to arise from the employment of the hydriodate of potash. I have never seen such an effect. Mr. Cullen, however, declares that there could be no doubt on the subject, for that having omitted the medicine the purpura disappeared, and on resuming it the purpura returned. I must now tell you of a *case which occurred to me in private.*

I directed the hydriodate of potash for a patient who applied to me at my own house, labouring under periostitis of both shins, accompanied by a tubercular venereal eruption. The mixture was of remarkable use to him. He had previously been dosed with great quantities of mercury. He returned to me for advice two or three times. Each time I directed him to repeat his medicine. He then began to think he could doctor himself, and for many weeks I heard nothing of him. When he returned I learned that he had been taking for short intervals, from time to time, the medicine which I had ordered him; that he never continued it for more than a week, for he always found himself in that time free from his complaints—pain in the shins. It was not on account of his pains or eruption, but it was indigestion, with remarkable acidity of stomach, soreness and constriction of his pharynx, and emaciation, that now prompted him to seek my advice. I directed for him some sulphate of quinine. This medicine, in a very few days, restored him to apparent health. He now again ceased to visit me, and I heard nothing further of him for several weeks more, when he called on me, labouring under severe headache, a rapid and quivering pulse, a return of his symptoms of indigestion; but the most remarkable of his complaints was a peculiar state of his eyes,—such a state as I have never seen before or since. The pupils were dilated, and both his eyes were in a state of incessant motion. These motions strongly resembled those of a child who has congenital cataract. He found himself quite unable to fix them on any object. He kept his hand constantly over them, as if to shade them from the light, yet he seemed to say that the light did not hurt them. He complained of constant headache. I learned from him that some time after he had last ceased to call on me, the pains in his shins had returned, and that he had resumed his old remedy, the hydriodate of potash, that he had taken with great advantage several bottles of it, and that the symptoms of which he now complained had gradually come on him. I attended closely to this patient from this time. I determined not to lose sight of him, let the trouble be what it might. I had never seen any patient labouring under a similar group of symptoms. The state of his eyes was most remarkable and unusual, and I did not feel certain to what this was owing. I need not detain you at present with all the particulars of this case. I shall probably publish it in full with others, but I must tell you the result. He was very soon seized with symptoms of paralysis on one side of his body, these symptoms being preceded by muscular tremblings. He continued for

two or three weeks in a hopeless state. The paralytic symptoms are, however, now going off. He is gaining strength. His eyes have in a great measure lost their restless character. His pulse is stronger and slower; his headache has ceased, and I have every reason to hope that he will be restored to perfect health, although he has had a series of the most alarming symptoms of derangement of the nervous and muscular systems which I have ever seen.

Were the nervous, the muscular, and the gastric symptoms which occurred in this case, owing to the influence of the hydriodate of potash? I think they were, for they have some resemblance to the symptoms which occurred in certain cases, in which LUGOL had given baths of iodine dissolved in alcohol. Dr. JOHN, of Meningen, has also related a case analogous in some respects, particularly in the quivering of the eyes. But I am compelled to believe, that such symptoms will be found to occur, only when the medicine is indiscreetly employed, and when, in addition, there exists a certain peculiarity of constitution. This opinion I entertain because of never having met with a similar case among the great number of patients to whom I have administered this remedy. I would say that the state of the system which exists in such cases, is analogous to that produced by the long-continued use of mercury, and may be appropriately named iodism, or iodic cachexia, as the other is called mercurialism or mercurial cachexia. While it is important for us to remember that such a series of symptoms may result from the hydriodate of potash, it is evident that it forms no rational objection to its general employment. As well, of course, might we reject mercury and arsenic and all our other valuable remedies, because when injudiciously employed, they act as deadly poisons. I should also repeat what I have already said, that I do not believe that such symptoms result from an accumulation of the medicine in the system, but from a state of the functions produced under peculiar circumstances; for there was no hydriodate of potash to be detected in my patient's urine, for a very long period before the cessation of the symptoms which I have described.

With the exception of the case I have just detailed to you, I have never known *emaciation* to occur. Indeed, I have, as I have before hinted, often observed the very opposite effects. I have found patients who commenced to take the medicine when pallid, thin, and exhausted, become fat and robust. You have lately had three cases in the hospital which demonstrate this fact. You must remember Toole, in No. 8, and how robust she became. You may also remember that Johnson, in No. 4, became a porpoise in size and obesity, after she commenced taking this medicine. There was also Holland, in No. 8, who was admitted in a state of the greatest debility and disease, and who became full of flesh, and subsequently menstruated, a change which she said had not occurred with her for more than two years. Further, I have not only never observed any general emaciation, but I have never witnessed that wasting of the breasts or of the testes which so many have described as an effect of iodine; nor have I ever had the slightest reason to suppose that the medicine produced, in any of the numerous cases in which I have employed it, either hæmoptysis or tubercular lungs. In short, I declare that it is my conviction that there is not in the Materia Medica any other medicine which is at once so beneficial as a therapeutic agent, and so little injurious to the system, when properly employed.

One word more, and I have done for the present. How are we to account for the prevalence of such

Discrepancies of Opinion respecting the Power of the Hydriodate of Potash

as a remedial agent. There are, in fact, some persons who go so far as to say that it exercises no influence on the human body, that it is perfectly inert; while there are others who seem, so far as I can judge from their remarks, to form a very correct estimate of its influence. I have no difficulty in explaining this difference, when I look around and reflect on what I see,—when I consider on the one hand the frequency with which this medicine is adulterated, and, on the other hand, the trifling doses in which it is commonly administered—doses quite insufficient to secure its therapeutic influence, for example, two or three grains of the salt, and this perhaps an impure one, two or three times a day. This is, indeed, approaching to the practice of Hahnemann. I should certainly be very much surprised to find much effect from such practice. It was natural, however, that practitioners should be thus cautious, in the first instance, in the employment of this remedy, being aware of the injurious effects on the stomach of even minute doses of iodine, and not having learned to distinguish sufficiently between the irritative and the alterative action of the remedy, and ignorant that the degree of the one is not proportioned to that of the other. I have told you, that I commonly give half a drachm of the iodide of potassium in the day. This contains upwards of twenty-one grains of iodine. Now LUGOL affirms that we should not commence the use of iodine in larger doses than half a grain daily, with a grain and a half of the hydriodate of potash; and not increase it beyond a grain and a half, with two and a half of the hydriodate of potash. He says, farther, that he does not wonder that, in the practice of

Coindet, accidents have arisen from his employing such large doses of iodine as three grains daily. Indeed, Coindet himself admits that he has seen bad effects result from thirty drops of the solution of the ioduretted hydriodate, taken daily for five days; and Dr. Gairdain has seen severe symptoms commence, when no more than half a grain of iodine was taken three times a day for a single week. Is it to be wondered at, that those persons who regulate the dose which they administer of the hydriodate of potash, by the dose which the system could bear of free iodine, or, who are not careful to obtain a genuine article, should arrive at the conclusion that this most valuable agent is an inert and useless drug?

When we next meet, I shall commence the review for which I hope I have now prepared you. You must all have, already, from your own observation of my practice, a general notion of the results, but general notions are not sufficient on this important subject; for, although this medicine controls, more or less, every form of secondary venereal disease, and may, so far as I have investigated the subject, be given with safety in all, there are some in which it exercises only a controlling, not a curative influence; while there are several others for which it forms the remedy *par excellence;* and it is most remarkable, that it is the forms of venereal disease to which mercury is least suited, over which the hydriodate acts as an heroic remedy, thus, as it were, completing our circle of therapeutic agents for every form of venereal disease. I am not, therefore, going to dispossess mercury of its well-earned high rank as a most valuable remedy in the treatment of syphilis, but to show that we have in the hydriodate of potash a means of accomplishing the cure of those varieties of syphilis which, from circumstances, cannot be remedied by mercury.

NORTH-LONDON HOSPITAL.

CLINICAL LECTURES

ON

DISEASE OF THE HIP-JOINT.

DELIVERED IN 1836,

BY MR. LISTON.

LECTURE I.

I propose, Gentlemen, to make some remarks to you on a disease, a thorough understanding of which I consider it to be very important for you to possess, and one which, with a view to your future success in practice, you must study most attentively; I allude to the disease of the hip-joint,—the "morbus coxarius," as it is usually called; a disease which is very apt to be overlooked in its earliest stages, when it is remediable, and, not unfrequently, when it is observed, the treatment is not, upon the whole, and in every respect, conducted in such a way as to prevent deformity and lameness. The disease is sometimes confounded with other affections, of which I shall have to speak by-and-by; the diagnosis, the distinction, between those other affections and disease of the hip-joint, I shall afterwards endeavour to indicate to you clearly and distinctly.

This disease is generally met with in young subjects,—in patients from the age of two or three years up to the age of puberty; but

The Disease now and then occurs in Adults,

and I have witnessed cases in which this disease has commenced after the age of sixty, and run its course; in fact, the specimen which I now exhibit to you, was obtained from a patient in whom the mischief commenced thus late in life. The disease here had proceeded very far. It had been followed by destruction of the head of the thigh-bone, of the greater part of its neck, and, as you observe, a growing together, or an anchylosis, of the femur and the os innominatum was the consequence, and thus an entire destruction of the articulation. This was a genuine case of morbus coxarius in an old person. Disease of the whole apparatus of the joint, of the round ligament, the synovial and fibrous capsules, ulceration of the cartilage, and extensive ulcerative absorption of the bone (for the head and neck have altogether disappeared), are by no means very common late in life. This articulation is not unfrequently, however, altered considerably in form and structure in old people, as a result or not of injury,—contusion of the trochanter major, for instance. There is frequently observed in the bones of old people, a thickening and change of form, an alteration in the angle at which the neck grows out from the shaft of the femur, through *interstitial* absorption, an addition of new bony matter of a very dense consistence, with or without this alteration in form; and this new deposit, taking the place of the cartilage, is capable of receiving a very fine and durable polish. Attendant upon, and arising from, this morbid degeneration, is a certain degree of stiffness and retardation of movement, and in some instances a shortening to a very great extent. This does occasionally arise in subjects about the middle period of life, and I show you here a drawing of the section of a femur kindly sent me by my friend Mr. Gulliver, whom you have more than once heard me speak of as a most indefatigable

and accomplished pathologist. In this individual, only thirty-two years of age, the limb was shortened fully two inches, and you see that the neck of the bone has totally disappeared, and that the head has become flattened and expanded: the cotyloid cavity was altered, also, to suit this new conformation. These deposits no doubt may and do take place from injury of a slight kind in patients advanced in life, of a rheumatic and gouty habit, and in joints which from any accident have been long diseased.

Sudden Aggravation of the Latent Disease.—The Hip Disease in Young Subjects

is generally attributable to some injury, although, perhaps, in many cases, the exact nature of the injury, and the time at which it was received, are not quite traceable. You can, in a great many cases, ascertain that the patient had used over-exertion,—had, for instance, been taken out for a very long walk, and, upon returning, had felt considerable uneasiness and stiffness of the limb. Perhaps, upon careful inquiry, it may be discovered that some uneasiness was felt previously, and that in a day or two subsequent to this unusual exertion, the disease began to be more complained of, and the disorder developed. Or you find that the patient has fallen on the trochanter. Or, again, you find that he has fallen with some violence, with his limbs astride, or spread, and, in all probability, in this way has very much stretched the fibrous capsule surrounding the joint, and also the round ligament.

I have met with several cases in which the disease had been going on for some time, but without producing any great inconvenience, until suddenly aggravated by an accident of this kind. I may shortly mention the circumstances attending a case of this description. The patient had previously been under my treatment for morbus coxarius, and recovered perfectly. He was, first of all, brought to me with very well-marked symptoms of the disease. He was thirteen years of age, a very interesting lad, and was subjected to treatment with the best effect. He was confined to bed, had blood taken from the part, and an issue applied. In about two months he was put upon crutches, the joint being fixed; he then went into the country, when his recovery was complete, and he regained the perfect use of his limb, and got into rude health. Long after his complete restoration he returned to Edinburgh, where I then practised surgery, and unfortunately on the same day sustained a bruise over the trochanter, in struggling or wrestling with some one; and, secondly, an accidental fall, by which the whole apparatus of the joint was put very considerably upon the stretch. He was running up-stairs, the stairs of an hotel, quickly, in order to see his parents who had arrived, and fell with one foot up the steps of the stairs, whilst the other was left three or four steps lower. In that way the articulations were greatly stretched; the limb, which had been previously affected, was highest up-stairs, and suffered most. In the course of twenty-four hours, the symptoms of inflammation of the hip-joint were remarkably developed. I had seen him two or three days previously, and the parts were then perfectly natural and sound, the motions of the joint free and unembarrassed; but when I was called in after this accident, I found the limb very considerably elongated, the appearance of the hip flattened, and great difficulty and intense pain in moving it in any direction; in bringing the articulating surfaces of the joint into contact, by pressure on the trochanter, the knee, or the sole of the foot, great aggravation of suffering ensued.

There is one other case relating to this part of the subject, illustrating the sudden accession of the symptoms,—an aggravation when the mischief has been smouldering as it were, and a fresh injury is inflicted,—which perhaps you will allow me to read the particulars of to you; I introduce it, with a view to show the great care that is absolutely necessary to prevent blunders in forming a correct

Diagnosis of Diseases of the Joints,

in order that the treatment may be conducted with propriety and safety. The circumstances are related in the third volume of my "Elements of Surgery," under the head of "Luxation of the Hip Joint:"—"In the first stage of morbus coxarius, too, a somewhat similar appearance and position of the limb is presented; there is a lengthening, but then there is also more or less wasting of the muscles, more mobility than in the dislocation, and a marked history attached. Complicated cases occasionally occur—as when a patient, who has been labouring under hip joint disease, perhaps not in an aggravated form, falls heavily, and, on being lifted up, is found to be incapable of moving the joint, the limb at the same time being elongated and having a distorted appearance. An instance of this nature impressed strongly upon me the great necessity for accurate diagnosis in the first instance, and that such was to be acquired only by taking every circumstance into consideration. A young man was engaged in cleaning a slaughter-house, standing on two blocks of wood, with his legs considerably apart. One of the blocks suddenly slipped from under him and he fell with his limbs spread. He was carried home in great pain, and next day I was asked to visit him. The limb was elongated, the hip flattened, the joint stiff, and attempts at motion produced great pain; but by perseverance the limb could be put into various positions, and the

trochanter was not so much depressed as in luxation downwards. By cross-examination it was discovered that the patient had halted, in walking, for many weeks previously, had felt as if the limb was longer than the other, and had pain in the groin and knee; in fact, that morbus coxarius had been advancing, and the pain, immobility, and greater elongation, had been occasioned by the fall, causing violent excitement of the morbid action previously in progress. Dreadful consequences must have resulted from a mistake in diagnosis and practice founded upon it. I have observed in other cases great and rapid elongation of the limb in consequence of injury to the hip-joint previously diseased." Why now, if you had attempted for instance to have treated that case as a case of dislocation, as it was intended I should do by the practitioner who sent for me, you would have raised up such a degree of inflammation as would undoubtedly have been followed by abscess and entire destruction of the articulation, if not of the patient.

We have had a good many instances of hip-joint disease in this hospital; in fact, such cases are constantly coming under our treatment. There was one patient who was dismissed cured only the other day, of the name of Anne Haig, five years of age, and who was admitted on the 9th of December last. In that instance, from the mother's account, it appeared that at about the latter end of the previous September, the child had begun to complain of pain in the hip and groin of the left side, and was observed to limp a little in walking. A month previous to the appearance of these symptoms, the mother remembered that the child, while they were out together, slipped off the curb-stone, and fell; but there was then no vestige of bruising of any part, occasioned by the fall, nor did the child complain of any pain in the hip for a month afterwards. Whether she even fell on the hip or not, the mother did not know. When the symptoms made their appearance, the child was brought to the hospital, and Mr. DUNCAN examined the hip, but could not discover any thing wrong in it. He recommended the application of a few leeches, and the child was suffered to walk about as usual. She was a little relieved by the leeches; but in a day or two the pain in the hip and groin got worse; and speedily afterwards pain in the knee was felt, particularly during the night, which very much disturbed the child's rest, causing her at intervals suddenly to awake and cry from pain. A fortnight ago she became an out-patient of Mr. QUAIN, who ordered leeches and fomentations to be applied to the neighbourhood of the joint, from which some relief was obtained. When admitted an in-patient under my care, the report states that the nates of the left side were slightly flattened, and the cleft of the buttock formed by the lower borders of the gluteus maximus, was in a great degree obliterated. The limb was slightly lengthened. There was pain in the hip and the groin; and also in the knee, particularly during the night. The patient when made to walk, complained of pain in the hip, limped, and threw the weight of the body on the sound limb; when desired to sit on a chair, she kept the limb extended. I ordered some leeches to be applied behind the trochanter major, under an impression that there was a degree of inflammation going on in the tissues composing the joint. The application of the leeches was repeated three times, at intervals of two or three days, and the child kept at rest in bed. In this way the pain was considerably relieved, but not altogether removed. On the 18th I directed an issue to be made behind the trochanter of about the size of the disc of a halfpenny, with the potassa fusa, which discharged freely for some days after the separation of the slough. 4th Jan. The discharge from the issue having almost ceased, another was made rather higher up than the former. The limb speedily afterwards became quite free from pain, the child slept well at night, she took her food well, her general health improved rapidly; she took now and then a little alterative and aperient medicine, and, as I have stated to you, she was discharged a few days ago perfectly cured.

In all cases of hip-joint disease you will find, upon attentive examination, more or less wasting of the whole of the muscles of the limb. That there is a flattening of the hip in consequence of the wasting of the glutei muscles, and more or less obliteration, as it is said, of the fold formed by the lower borders of those muscles. You will find that the patient complains of pain in the groin, sometimes in the knee, occasionally in the ankle, and generally along the fore-part of the knee, over the shin, and in the course of the branches of the anterior crural nerve. Occasionally you will find the pain referred to the posterior part of the knee; and this is said, and perhaps truly, to depend on the part of the joint affected. The pain is very seldom referred to the hip itself, and this corresponds with what you observe in other diseases. You are well aware that in an affection of the liver, for instance, when that portion of it which is in the region of the coronary ligament is involved, pain is complained of in the right shoulder, and but slight, if any, uneasiness is felt in the organ itself. Again, you meet with cases of stone in the kidney, or of softening and suppuration of that gland, giving rise to pain at the point of the penis, and, in fact, presenting all the symptoms of stone in the bladder, but without pain in the region of the kidney itself. There is a boy at this moment in the hospital labouring under disease of the right kidney, whose friends were induced to send

him here the other day from an impression, on their part, and from representations made by practitioners in the country, that he had stone in the bladder; but on sounding him, I could not ascertain the existence of any foreign body there. In cases of stone in the bladder you very seldom hear patients complain of pain there; much more frequently violent pain is experienced in the yard, at its very point, and pain is often referred in these cases to the sole of one of the feet. One more instance, out of many, of pain referred to a part remote from the source of irritation, and I have done with this part of the subject. The painful affection of the face, tic douloureux, neuralgia, or what you choose to call it, may as generally be traced to some local mischief, as to remote disturbance in the digestive apparatus. The pain, of a most excruciating kind, is probably referred to the branches of the second division of the fifth pair, to a spot over the canine or first small grinder. There is no diseased tooth in that region of the mouth,—the digestive organs are scoured out, and again reassured with all sorts of tonics and sedatives to no purpose. You may, upon a more careful review of the jaws, find a wisdom tooth of the lower jaw, and perhaps even of the opposite side, in a decayed state; no pain is there, however; or the tooth, from want of room, perhaps grows horizontally, with its crown pressing forward upon the posterior aspect of the large grinder adjacent. The offending part is removed, and the pain henceforward ceases, or it becomes more bearable, and now yields to remedies, local or constitutional, which it had not previously heeded in the slightest degree.

If you examine a patient with hip disease attentively, if you tap on the parts, press on the sole of the foot, on the knee, or on the trochanter; in fact, if you do anything which brings the surfaces of the articulation into contact, you will then find the uneasy feelings very much increased. Sometimes you may find that the patient will not complain when the limb is pushed upwards, but when you abduct it or extend it, then will the pain be sensibly aggravated, and the sort of motion and position of the limb which gives rise to the pain, will depend altogether on the seat of mischief, and perhaps that mischief may be limited to a very small spot in the first instance.

The ulceration of cartilage and bone to a very limited extent is productive sometimes of intense suffering. In veterinary practice this is often well exemplified. There can be no mistake then, no shamming of illness, nothing referable to imagination or hysterical disposition,—a term, by the way, very much prostituted and misapplied. What would any of you, knowing the derivation of the term, and well qualified to administer relief in such affections, say were you told that you had *hysteria* in one of your joints. But to return, you must be aware that many valuable horses fitted for the race-course, the hunting-field, or the road, become lame, incapacitated from exertion in consequence of disease of the cartilage covering one of the bones entering into the formation of the foot; so lame does the animal become, so hopeless is the affection, that the owner is obliged to part with him for a trifling sum, or to put him to death. On examination of the diseased parts in the first stage, an ulcerated spot, not more extensive, perhaps, than the hollow in a carious tooth, will in many instances be found, but quite sufficient, notwithstanding its small extent, to cause thorough and very unmanageable unsoundness. I have in my collection over the way more than one such specimen, and here is one in which the cavity is not capable of containing a split pea, there is no other mark of disease in the bones and articulating apparatus; yet, on this account alone, a horse, a very splendid and valuable animal, the property of a friend of mine, a captain in an hussar regiment, was destroyed, at the suggestion of one of the best and most experienced veterinary surgeons in the service, the late Mr. Castley. The same intense suffering is found to arise in the human subject, from equally slight disorder in various articulations.

You will find when the hip disease has at all advanced, and when the limb has become elongated, as shown in this enlarged copy of Ford's plate, representing the appearance of the first stage of the disease, that the patient is unable to rest his weight upon the limb at all, and he supports himself almost entirely on the unaffected one. The affected limb, therefore, in consequence of the patient resting himself on the opposite one, appears to be lengthened more than it really is, because the side of the pelvis on which the patient rests is elevated, while the opposite one is depressed. You will find, upon laying a patient down, that the crest of the ilium on the affected side is lower than the other; and there is a lengthening of the whole limb, from the acetabulum to the heel. This does not arise (as Boyer and Petit would have you to understand, without going further back) from any great effusion of vitiated secretion into the joint, pushing the head of the bone out of the socket—a notion which Sir Benjamin Brodie also seems to entertain, to a certain extent, in his excellent work on the joints, and more particularly in his Papers in the *Medico-Chirurgical Transactions*. I can understand that there may sometimes be an effusion of vitiated secretion into the joint, and a swelling of the membrane lining the cavity—an adventitious membrane formed on the free surface of the synovial capsule,—and that thus the bone may be pushed out to a certain extent from the cup-like cavity, but

that can never go to the extent of causing dislocation. The fact is that the real elongation of the limb is to be attributed more to the muscles being put out of action, becoming relaxed, and, after a time, wasted, from want of use. In that way the surfaces of the articulation are not kept in close contact; and you are perfectly well aware that the ligaments of themselves, even in a perfectly sound state, are quite insufficient to keep the surfaces of bones articulating with each other in perfect apposition; as is seen in a limb that is paralyzed, and where the muscles become softened, pale, and inactive. In this disease the muscles are paralyzed, as it were, through pain, thrown into a state of inaction, and in that way the limb hangs from the body. The patient would suffer the greatest uneasiness from the cartilages being diseased to a certain extent, were the surfaces brought and kept in close contact; under such circumstances you cannot expect that the muscles are to be put into such action as to keep the limb in its natural position. In part, then, the elongation of the limb is only apparent, and is attributable to the alteration which takes place in the pelvis. But the deformity is not confined to the pelvis only. You find both in the first and second stages of the disease, when lengthening or shortening of the limb takes place, that there is also an alteration in the form of the spine, from the efforts of the patient to keep the body properly balanced, just as you find is the case when one of the lower limbs, from any other cause, is shortened, such as from badly-managed fracture.

(*To be concluded.*)

MEDICAL ATTENDANCE
UNDER THE
POOR-LAW AMENDMENT ACT.

To the Editor of THE LANCET.

SIR: Several of the readers of THE LANCET have written to me in terms of approbation of the outline of a plan (published in THE LANCET of the 12th instant) for giving attendance to the poor under the new Act, and requesting me to enter more fully into the details. I shall willingly comply with the wishes of those gentlemen, provided you can spare me a corner in your most useful periodical.

The Unions should be composed of parishes as conveniently situated as possible for the medical practitioners who will generally be found settled in the most populous districts.

The number of paupers in every union should be ascertained, as well as the expense incurred for medical attendance during the last two or three years. From these data, and with the assistance of a few respectable medical practitioners, the Board of Guardians can have no difficulty in fixing a sum which may be considered as affording a fair remuneration for the yearly attendance upon all the paupers of the union, without calling upon the members of a liberal profession to degrade themselves by making an offer of their services by public tender.

Having fixed upon a sum for the whole Union, all the resident, legally-qualified, general practitioners, should be invited to take their share in attending the poor, upon condition of receiving yearly, or half yearly, their proportion of the said sum, according to the number of certificates held by each practitioner; thus ensuring to every surgeon, remuneration in exact proportion to the trouble and expense he may have incurred, and to the poor, prompt and efficient attendance.

The overseers, or relieving officers, being furnished with the names of those surgeons who are willing to undertake the attendance on the poor of the Union, should give to every pauper who may be taken ill, a certificate "that he is a pauper of such a parish," which certificate the said pauper may take or send to any one of the nearest surgeons above named, whom he may prefer,—the surgeons, of course, preserving these certificates, and the overseers, or relieving officers, taking care not to give more than one certificate for the same illness. As it will sometimes be necessary to give orders for medical attendance to persons who are not receiving parish relief, such cases should be paid for as extra cases, at so much for each case, and the relieving officer should distinguish them in his certificates accordingly.

Taking the mean of the distances between the residence of the surgeons and their patients, as well as the average of the cases treated, this plan will be found to be a very fair one, and the surgeon will not be deprived of his usual practice in attending parishes in his immediate neighbourhood, or the poor be obliged to send to a great distance for advice and medicine, or to a strange practitioner in whom they may have no confidence.

If, from any local circumstances, it should be considered necessary to add to these regulations, the addition may easily be made, but in every attempt of this kind, I consider simplicity as a *sine qua non*, and, therefore, I strongly recommend the avoidance of anything like complicated machinery. I remain, Sir, your very obedient servant,

JOHN TWEEDALE, M.D.

Lynn, Norfolk, March 20, 1836.

EPPING UNION, ESSEX.

CONFERENCES AND PROCEEDINGS RELATIVE TO PAUPER MEDICAL ATTENDANCE.

In January last, Mr. Power, the Assistant Poor-law Commissioner, formed eighteen parishes into this union. The Guardians having been elected, the medical relief of the poor became an object of much interest among the medical gentlemen residing in the Union, and they deemed it necessary to convene a meeting, at which some arrangement might be planned to avert the gross injustice practised towards the profession in other quarters, under the powers of the Poor-law Amendment Act. The meeting was attended by Messrs. Morgan, Cary, and Davis, of Woodford; Mr. Solly, of Walthamstow; Mr. M'Nab and Mr. Loft, of Epping; Messrs. Dobson and Goddard, and Mr. Haylock, of Haslow; and Mr. Rowe, of Chigwell, who acted as Chairman on the occasion, when it was unanimously resolved,

"That those who are present do pledge themselves, as men of honour, neither directly nor indirectly, to make overtures to the Board of Guardians respecting the attendance of the poor of the Epping Union, until another meeting has been held, when such measures shall be adopted as will promote the general interests of the members of the medical profession generally in the Union, to be then conjointly determined; such meeting to take place after some notice on the subject of medical relief shall have emanated from the Board of Guardians."

In accordance with this resolution a meeting was held on Tuesday, March 15th, at Epping-inn-place, and attended by nearly all the former gentlemen, together with Mr. Horley and Mr. Harrison, of Hoddesdon, and Mr. Rix of Matching. Mr. Rowe, of Chigwell, again presided, when it was proved, that notwithstanding the solemn pledge of honour unanimously given at the former meeting, Messrs. Dobson and Goddard had actually made a tender to the Board of Guardians a week previously, not only for their own district, but also for that of *their neighbour and friend* Mr. Rix.

The Chairman and the meeting at once expressed their sense of this conduct in such terms, that the offending parties were compelled to retire from the meeting.

On the following Friday, the Board of Guardians held a meeting at Epping to receive tenders, pursuant to their advertisement, for attendance on the five districts into which the Union was divided for medical purposes. The advertisement stated, that

"The remuneration to the medical officers shall be by annual subscriptions of the guardians, and such of the independent labouring poor as may be desirous of availing themselves of the proposed arrangement, within the prescribed period, according to the following rates (that is to say),—

	Per Annum. £	s.	d.
"For an individual maintaining himself or herself	0	2	6
For a man and his wife	0	4	0
For a wife whose husband is already a member of some benefit or sick club	0	2	0
For each child in the family, and if one be subscribed for, all must	0	0	6
And for every person in the same family above the age of 16 years	0	2	0

"Cases of midwifery are to be attended at 10s. each case. The guardians are to have the privilege of adding to the Pauper Schedule any name they may think proper, during the contract, paying only at the same rate as for those originally included."

All the medical men attended on this occasion, with the exception of Messrs. Dobson and Goddard, and it was proposed to adopt the average of their last three years' accounts against *their individual parishes*, in conformity with what had been agreed upon at Chelmsford, Dunmow, and other unions. The following is a statement of the scale of the proposed remuneration—*ex uno disce omnes.*

Estimate according to Population.

EPPING DISTRICT.

			£	s.	d.
Epping	2313 ÷ 5 = 463 at 2 6	—	57	17	6
Coopersale	841 ÷ 5 = 168 at 2 6	—	21	5	0
Theydon Bois	676 ÷ 5 = 135 at 2 6	—	16	17	6
Weald	887 ÷ 5 = 195 at 2 6	—	24	7	6
			120	7	6
Epping	2313 ÷ 4 = 578 at 2 0	—	57	16	0
Coopersale	841 ÷ 4 = 210 at 2 0	—	21	0	0
Theydon	676 ÷ 4 = 169 at 2 0	—	16	18	0
Weald	887 ÷ 4 = 222 at 2 0	—	22	4	0
Chigwell	1915 ÷ 5 = 383 at 2 6	—	45	7	6
			£163	5	6

In some parishes in agricultural districts, the proportion of paupers is about two-thirds.

Sums heretofore received:—Epping, 50*l.*; Coopersale, 25*l.*; Theydon, 13*l.*; Weald, 23*l.*—Total 113*l.*

	£	s.	d.
Chelmsford	0	1	6
Writtle	0	1	4
Great Baddon	0	1	5
Dunmow Union, the largest parish	0	1	5
Marshbury	0	1	3
Little Leigh	0	1	3
Hamingfield	0	1	3
The smaller	0	1	4

At 2*s.* 6*d.* per head.

But the proposal was wholly rejected, a[s] the suggestion of Mr. Power, on the ple[a] that the number of paupers was to be dimi[n]ished, by the adoption of a "Labourers [C]lub."* Concession to the demands of Mr

* The following advertisement respecting th[e] "Labourer's Club," has been read in the differe[nt] churches of the Union, and placarded throughout th[e]

POWER were then firmly rejected by all the medical men except Messrs. DOBSON and GODDARD, whose tenders were accepted. In reply to an observation made by Mr. POWER, as to the peculiar situation in which the Union was now placed, as the present medical contracts expire on the 25th of this month, Mr. Power stated that it would be desirable, for the purpose of keeping his proposition in view, to admit the present medical attendants, even if it cost the parish twice the amount, so sanguine was he that his intentions would be effected. He also recommended advertisements to be published, offering the parishes singly, so as to admit of the entrance of any "interloper." The injustice of this proceeding, and the injury which the establishment of a medical club would occasion in every practice, by including a number of persons whom the medical man ought not to attend on the same terms as paupers, was forcibly represented; but Mr. POWER was all-influential and obdurate, and, with the exception of the Chairman, not one of the guardians appeared either to comprehend or to be disposed to take a just sense of the claims which the established and respected practitioners had upon the public. Yet,—and we blush to state the fact, a *retired surgeon* formed one of the board!

parishes:—*Labourers Sick Club.*—Take notice, all persons willing to subscribe to a Sick Club for one year, are recommended to have their names put down immediately by the guardian of the parish.

	s.	d.
An individual maintaining himself or herself, to pay, for one year - - - - -	2	6
A man and his wife - - - - -	4	0
A wife whose husband is already a member of some benefit or sick club - - -	2	0
Each child in the family, and if one be subscribed for all must - - - -	0	6
Every person in the family above sixteen -	2	0

The subscriptions to be paid quarterly, and each quarter's payment to be made in advance. The first quarter to commence 25th March. All persons subscribing as above, will receive medical attendance of every kind (midwifery excepted), on their own application to the Doctor of the Club, and without any order from the overseers. In cases of midwifery, subscribers will be attended at 10s. each case. All persons who are not entered as subscribers before the 25th March next, must pay their own doctor's bills in case of sickness.

JOHN WIGGS,
Clerk to Board of Guardians,
Epping Union.

March 8, 1836.

Mr. SCHLOSS, the publisher, of Great Russell street, has submitted to our examination a newly-imported gigantic model of the globe of the eye, with its transparent membranes, envelopments, and vessels, composed of wax, and coloured, and so constructed as to permit the removal and separate examination of its several parts. It is admirably adapted for lecture-rooms, and sufficiently neatly executed to ornament a museum. Its usefulness, however, is its chief recommendation.

PROTEST AND DEPUTATION

OF MEDICAL PRACTITIONERS TO

LORD JOHN RUSSELL,

RESPECTING THE NEW SYSTEM OF

PAROCHIAL MEDICAL CONTRACTS.

To the Editor of THE LANCET.

SIR: I beg permission to forward you, for early insertion in your Journal, an abstract of the minutes of a meeting of the Bucks Medical Association, a copy of a protest drawn up at the desire of that meeting, and a brief account of the reception and proceedings of a deputation which waited on Lord John Russell with the protest. I have the honour to be, Sir, your most obedient servant,

ROBERT CEELY,
Hon. Secretary

Aylesbury, March 19, 1836.

At a meeting of the Bucks Medical Association, held at Aylesbury on the 23rd of November last, Richard Steel, Esq., Berkhampstead, in the chair, it was resolved—

"That a protest against the twenty-fifth section of the first annual report of the poor-law commissioners should be drawn up by the committee, which protest, after signature by members of the profession residing *in and near* the county of Bucks, should be presented by a deputation to Lord John Russell."

It was also resolved,—

"That Mr. Nathaniel Rumsey of Beaconsfield, Mr. W. Robarts of Burnham, and Mr. Robert Ceely of Aylesbury, do form the deputation for presenting the said protest."

In compliance with these resolutions, the following protest was drawn up, and received the signatures of 115 medical practitioners, including those of several physicians.

To the Right Hon. LORD JOHN RUSSELL, *his Majesty's Principal Secretary of State for the Home Department, &c. &c.*

We, the undersigned, practitioners in medicine and surgery, residing in and near the county of Buckingham, beg permission to submit to your Lordship, our PROTEST against certain statements contained in the 25th section (relative to medical relief) of the first Annual Report of the Poor-Law Commissioners for England and Wales; on the following grounds:—

1. Because those statements are calculated unjustly to impress the public mind with sentiments of disapprobation, jealousy, and suspicion towards the medical profession.

2. Because they are intended unfairly to reconcile the community to the adoption of a system of "medical relief" which is incompatible with a li-

mane consideration for the sick poor, and subversive of the proper ends of medical exertion.

3. Because, instead of impugning the character of the medical profession in general, and of the class of parochial surgeons in particular, candour and justice demanded that some mention should have been made of the vast amount of their laborious and gratuitous services.

4. Because the measures adopted "as a check to the general expense of medical relief," are not warranted by the previous well known inadequacy of the remuneration for medico-parochial duties; neither are they calculated "to secure to the paupers the best treatment."

5. Because the omission from the old medical contracts, of any provision for non-parishioners, arose from the absence of any legal claim for such provision, and from the consequent want of concert and reciprocity of arrangement among parishes, and not from any "expressed or implied condition" with the contractors.

6. Because we are satisfied that there is no ground for alleging, that the charges for non parishioners, "in the great majority of instances," were at the "highest rates;" but that, on the contrary, they have been much below what professional usage and public consent have long and equitably sanctioned.

7. Because, if, in very rare instances, exorbitant charges were made for non-parishioners, adequate protection existed; while, on the other hand, our moderate claims for such cases, promptly attended without a written authority (to avoid serious inconvenience to the patient from delay), have been in a great proportion of instances dishonourably refused, and, therefore, irrecoverable.

8. Because the alleged disgraceful collusion with inferior parish officers is unknown to us, and we believe can be completely disproved by the profession at large; which is entitled to require not only the ground of such a charge, but the exposure of any perpetrator of so nefarious a practice.

9. Because the inference drawn in the Report, that a medical education recently acquired at the schools is equivalent to the knowledge resulting from long practice and experience, is not sanctioned by reflection, courtesy, or justice; but is strangely opposed to universal practice and opinion.

10. Because right feeling and sound policy alike dictate that medico-parochial duties, from their variety, importance, extent, and great responsibility, should be intrusted to those who have previously established their moral and professional character, and have local ties in the neighbourhood.

11. Because it is not true that "the interests of the public and of the profession" are consulted by the system of medical contracts by "tender," since it affords no evidence of the general fitness of the "tenderer" for so important an office.

12. Because although it is asserted "that the candidate in fixing his own terms consults his own interest," yet it cannot be admitted "that he considers the interests and advantages of his profession;" especially when, influenced by the inducement of "obtaining more profitable practice" unjustifiably held out in the Report, he is led to attempt an invasion of the private rights and justly-acquired interests of his medical brethren.

13. Because the mode of obtaining the appointment, and the degrading condition of its tenure, divest it of all the supposed "credit," and render it to the experienced and established practitioner merely a choice of evils.

14. Because the "inducements to the acquisition of the appointment," by so reprehensible a mode, are calculated to allure a succession of unknown and needy adventurers, rather than to encourage established and experienced practitioners.

15. Because the assumed analogy between the duties and advantages of an "appointment to any of the chief medical institutions of the country," and those of a medico-parochial office, is entirely fictitious.

16. Because lawful associations for the maintenance of private rights and the protection of legitimate interests, arbitrarily assailed by authority, ought not to be libelled with the opprobrious epithet of "combinations."

17. Because we are prepared to prove that the system of "medical relief," adopted so much to the satisfaction of the Poor-Law Commissioners, is lamentably deficient as a prompt, humane, and effective provision for the sick poor.

18. Because such a provision can be devised only by the aid of those who have been long and practically acquainted with the subject; and we, having known and deprecated the abuses of the whole system, venture to claim a right to express our opinion that it is not consistent with policy or justice to attempt the partial removal of those abuses, by the introduction of a new system, abounding with still greater evils, and fraught with injury to the poor of a nation long celebrated for its justice and philanthropy.

N. Ramsey, Beaconsfield
W. Roberts, Burnham
W. Rose, High Wycombe
H. Lupton, Thame
W. Stowe, Buckingham
R. Cecly, Aylesbury
W. Hayward, do.
E. Talient, Amersham
H. W. Ramsey, Chesham
J. H. Cecly, Aylesbury
W. Edmonds, M.D., do.
H. Hayward, do.
J. Fiesher, House Surgeon to the Bucks Infirmary
H. Ramsey, Chesham
W. Suthary, do.
W. R. Saunders, do.
J. Ramsey, M.D., Amersham*
T. N. Gray, do.
T. Brickwell, do.
L. Smeathman, Great Missenden
F. Wright, do.
T. Camps, Berkhampstead
R. Steel, F. Burlin, Surgeons to the West Herts Infirmary
H. R. Hilder, Berkhampstead
T. Brown, Berkhampstead
J. Mackintoy, M.D.
C. Sweeney, Market-street
T. Sweeney, do.
R. Wootton, King's Langley
R. Merry, Hempstead
T. E. Prentice, do.
J. C. Ramsey, Beaconsfield
J. Hutchinson, do.
R. B. Slater, M.D., High Wycombe (though not personally affected)
J. Turner, Wycombe
G. Fairthorne, do.
G. Hickman, Great Marlow
W. Hickman, do.
T. G. Brinsden, do.
R. Colbourne, do.
T. J. Hammond, Eton
R. S. Morison, Datchet
R. Mason, Slough
W. Fergusson, M.D., Windsor
J. A. Sanford, M.D., do
F. Powley, do.
G. Crunch, Lord Water
J. Bartlett, Dropmore
D. Macnamara, Uxbridge
W. A. Harrison, do.
J. Stillwell, do.
R. Norton, do.
W. Rayner, do.
C. Pettis, do.
S. Blount, do.
J. Crisp, Chalfont St. Peters
J. L. Norris, Princes Risborough
J. T. Savory, Wendover
R. P. Dewsbury, Tring
R. J. Mosely, do.
S. B. Lupton, Thame, Oxon
H. W. Reynolds, do.
R. Lee, do.
G. Wakeman, do.
T. Knight, Brill
G. Wills, Whitchurch
J. Cowley, Winslow
G. Cowley, do.
J. W. T. Wynter, do.
E. Pope, do.
J. Scott, Buckingham
T. Perkins, do.
E. W. Haslop, do.
E. Southam, do.
J. T. Kirby, do.
J. Blundell, do.
W. Davis, Bicester
W. Dawson, do.
T. Dawson, do.
G. Woodward, do.
C. J. Brickwell, Banbury
C. Brickwell, do.
T. Brayne, do.
H. R. Brayne, do.
R. Brayne, do.
D. F. Tyerman, do.
J. Wize, do.
T. H. Lewis, Stony Stratford
R. M. Freeman, do.
C. Lee, do.
J. Rogers, Newport Pagnell
E. Daniel, do.
C. H. Kipling, do.
J. Arrowsmith, do.
R. Collison, do.
F. Gee, Brackley
R. Gee, do.
T. Collier, do.
R. Jones, do.
S. Gauntlett, Olney
C. Aspray, do.
T. Aspray, do.

* Although not personally interested, but in justice to the poor, to the science, and to the profession, and with the hope that the subject will be reconsidered by the authorities.

G. H. Grindon, do.	S.W. Clarance, Thaxted, Essex
W. H. Green, Woburn, Beds.	J.G Bishop, Maidenhead
T. Parker, Woburn	C. Williams, do.
E. Olley, Leighton Buzzard	R. Goodden, do.
	J. Westell, do.
P. Wagstaff, do.	M. Cooper, Windsor

The deputation, which was kindly accompanied by Sir W. L. Young, bart., M.P., and W. Rickford, Esq., M.P., had the honour of an interview with Lord John Russell, on Thursday last, the 17th inst., at the Home Office.

After stating to his Lordship how strong a feeling had been excited in the profession by the tenor of the twenty-fifth section of the commissioners' report, the deputation proceeded to explain the most important points in the protest. They then detailed the various grievances existing under the arrangements of the commissioners relative to "medical relief," as they affected the sick poor, the community, and the profession. They particularly dwelt on the evils arising out of the appointment, in many instances, of a reduced and insufficient number of medical officers to greatly extended districts,—on the various modes of contracting, especially by tender,—on the general inadequacy of the compensation allowed,—on the injuries inflicted on those practitioners who decline to accede to the terms and conditions imposed,—on the unjust and injurious subjection of the medical officer to the relieving officer,—on the utter disregard of the representations and advice of medical men,—on the unmerited and degrading treatment which they have generally received from the authorities,—and on the injury that must inevitably accrue to the poor, to the public, and to medical science. Facts were then stated in illustration and confirmation of the several points alluded to. The deputation disclaimed being under the influence of factious or unworthy motives, strongly insisted on the sacrifices continually made by the profession in behalf of the needy and indigent portion of the community, and declared the willingness of medical practitioners to acquiesce in arrangements which did not involve a compromise of the respectability of the profession, or the sacrifice of its just interests. They contended and proved that the evils arising out of the present scheme of medical relief were of such magnitude and importance as to claim his Lordship's attention, and they were willing to hope that this earnest appeal for his Lordship's interference would be successful in procuring the substitution of a measure founded on enlightened and liberal principles.

Sir W. Young, although approving of the general operation of the Poor-Law Amendment Act, thought that the medical arrangements made under it stood in great need of revision.

Lord John Russell having perused the protest, and patiently attended to the observations and arguments of the deputation, stated "*that he had not heard of such complaints from any other quarter*," but promised to see the commissioners, and inquire into the subject.

The deputation assured his Lordship that the medical journals teemed with such complaints, and that he might take the present manifestation of them, as a sample of the general feeling of the profession. They accounted for the delay in the presentation of this protest, begged permission to leave with his Lordship a concise "Statement of the Complaints of Medical Men against the Provisions for Medical Relief adopted by the Poor-Law Commissioners," and, thanking his Lordship for his polite attention, withdrew.

The Homœopathic Medical Doctrine, or "Organon of the Healing Art:" a New System of Physic. Translated from the German of S. Hahnemann. By C. H. Devrient, Esq., with Notes, by S. Stratten, M.D. Dublin: Wakeman, 1833. pp. 332.

Macleod's "bread pills," the infinitesimal doses of the homœopathists, and the infinite doses of Morison's poison, typify three systems of treatment which, each in its way, prey either on the public health, or the public pocket, and reflect ignominy on the medical profession. The poisoner—by a license of speech more than poetical—self-styled, "the hygeist"—hygeia meaning in Greek *health*, and, therefore, only by the figure "lucus a non lucendo,"—arrogated by that dealer in death, to designate a health-destroying, instead of a health-preserving system, its ordinary acceptation,—the arch poisoner, we say, has presented to the public a gross caricature of the doctrine of enormous doses, of incessant purgations, of salivations to a quart a day, of exhausting the veins of the poor, and of starving, until, as in the rabbits of Magendie, the eyes almost begin to ulcerate. By the bread-pill system, sometimes called by our neighbours "medicine expectante," people are not killed; they are only allowed to die. Teachers and practitioners who are disciples of Roderick, expertly show how unhappy persons, whose miserable lot it is to fall under their care, may be mocked with a julep, or with a drachm of cold water, or with a crumb of bread, in the agonies of sickness or the pains of death. However far beyond the pale of

humanity these persons have placed themselves, yet for the sake of the unhappy and miserable we step out of our way to entreat them to hesitate in their habit of abandoning their patients to the mercies of disease and the protection of bread pills.

Homœopathy or the infinitesimal system holds a middle place between the bread-pill medicine, "medicine expectante," and the high-dose schools caricatured by the slaughterers of the "College of Health." Hahnemann is a German. Like Mesmer, he has been persecuted into importance in his own country, and, like the magnetiser, he has sought a refuge in Paris, the *stage* of continental Europe, where homœopathists, as well as mountebanks, and men of science, may hope to play their "tricks before high heaven." The now venerable propounder of homœopathy, in his seventieth year, shortly after quitting the ascetic village of Coethen, and appearing in Paris, married a very young wife, thereby, in the eyes of the profane, abandoning the fundamental principle of homœopathy, and throwing himself into the arms of the allopathic *contraria contrariis curentur*.

The first dissertation on homœopathy appeared in *Hufeland's Journal* for 1796; the "Organon" in 1810. Rau, Bigelius, and a few eminent men, embraced its dogmas, which, Dr. Stratten states, flew like lightning over Europe, and now, preached by its journals, discussed in innumerable volumes, and practised by its disciples in different quarters of the world, will probably maintain its existence among a minority. The Organon has been translated by the respectable Jourdain into French, and has already attained a fourth edition. The English translation before us is by a non-medical writer, but revised by Dr. Stratten.

The origin of homœopathy is sufficiently characteristic. Hahnemann was engaged in translating the Materia Medica of Cullen, when, on arriving at the description of the cinchona bark, "he became all at once fired with the desire of ascertaining its mode of action. Whilst in the enjoyment of the most robust health, he commenced the use of this substance, and in a short time was attacked with all the symptoms of intermittent fever, similar in every respect to those which that medicine is known to cure. Being struck with the identity of the two diseases, he immediately divined the great truth which has become the foundation of the new medical doctrine of homœopathy."

A considerable portion of the Organon is devoted to an examination of the prevailing philosophy of therapeutics, which is reducible, according to its author, to three systems, founded on separate principles:—*Allopathy* (from αλλος, different, and παθος, suffering), and *antipathy*, and *homœopathy* (ὁμοιος, similar, same, and παθος). Allopathy endeavours to remove maladies by exciting some different action in the organization incompatible with the diseased action, to cure inflammation by bleeding, chronic inflammation by blisters or tartar emetic, chancres by the cautery. *Antipathy* looks to one main symptom, and combats that alone; it prescribes strong doses of opium in pain, because this substance soon benumbs the feeling, plunges a burnt hand into *cold* water, or a cold body into a warm bath.*

Homœopathy, regulated by the maxim *similia similibus curentur*, assumes that remedies, or the different articles of the *Materia Medica*, administered to healthy men, induce disease; and that diseases occurring naturally, can only be cured by the aid of the particular medicine which is capable of

* The two first systems may be derived from the writings of Hippocrates. Compare *De Natura Human.* 27, 28; *De Flatib.* 2, 3. According to Aphorism ii. 22, evacuation cures diseases arising from repletion; while repletion cures diseases caused by evacuation; and of different diseases the contraries cure them (*τῶν δ' ἄλλων ἡ ἀντιστασις*). *Contraria contrariis curentur* was the first law of treatment laid down by Galen. See *Method. Medendi*, 80, c. 3. Hahnemann cites a passage from the Hippocratic book *Περὶ τοπων των κατ' ἄνθρωπον*, which may be paraphrased:—"Diseases are excited by things, which, exhibited during their course, cure them (*διὰ τὰ ὅμοια νοῦσοι γίνεται, καὶ διὰ τὰ ὅμοια προσφερόμενα ἐκ νοσεόντων ὑγιαίνουται*). The writer goes on to give several instances of homœopathic treatment. We refer the reader to the whole conclusion of this remarkable book, commencing at the 50th section, for a philosophical view of medicine. In one place it is said, "Some diseases should be treated by their contraries, whatever they may be, or whatsoever their cause; others by medicines exciting similar diseases (*τὰ δὲ τοῖσιν ὁμοισιν, διά τε ἴσα καὶ ἀφ' ὅτου ἐγένετο*): so in the great Greek physician, nothing is exclusive. It is the prerogative of genius not to be led astray by its own discoveries.

exciting the entire group of symptoms bearing the closest resemblance to those of the disease, but which possess a still greater degree of energy.

Sulphate of quinine, given to healthy persons, produces symptoms of the ague for which it is a specific, say the homœopathists; mercurial preparations induce symptoms, local and constitutional, resembling syphilis; the vaccine eruption combats the tendency to small-pox; the ordinary effects of hyosciamus are, vertigo, delirium, stupefaction, mental aberration, the leading features of which are jealousy and irascibility; when these hallucinations exist, this remedy is indicated; the *arnica montana* produces the same symptoms as contusions, and cures all kinds of contusions or blows.

Homœopathy may be thus briefly summed up:—

"1st. There is nothing for the physician to cure in disease but the sufferings of the patient; and the changes in his state of health, which are perceptible to the senses, that is to say, the totality or mass of symptoms by which the disease points out the remedy it stands in need of; every internal cause that could be attributed to it, every occult character that man might be tempted to bestow, are nothing more than so many idle dreams and vain imaginings.

"2nd. That state of the organism which we call disease cannot be converted into health, but by the aid of another affection of the organism, excited by means of medicines. The experiments made upon healthy individuals are the best and purest means that could be adopted todiscover this virtue.

"3rd. According to every known fact, it is impossible to cure a natural disease by the aid of medicines which have the faculty of producing a contrary artificial state or symptom in healthy persons. Therefore, the allopathic method can never effect a real cure. Even nature never performs a cure, or annihilates one disease by adding to it another that is dissimilar, be the intensity of the latter ever so great.

"4th. Every fact serves to prove that a medicine capable of exciting in healthy persons a morbid symptom dissimilar to the disease that is to be cured, never effects any other than momentary relief in disease of long standing without curing it, and suffers it to reappear, after a certain interval, more aggravated than ever. The antipathic and purely palliative method is therefore wholly opposed to the object that is to be attained, where the disease is an important one and of long standing.

"5th. The third method, the only one to which we can still have recourse (the homœopathic) which employs against the totality of the symptoms of a natural disease a medicine that is capable of exciting in healthy persons symptoms that closely resemble those of the disease itself, is the only one that is really salutary and which always annihilates disease, or the purely dynamic aberrations of the vital powers, in an easy, prompt, and perfect manner. In this respect nature herself furnishes the example, when, by adding to an existing disease a new one that resembles it, she cures it promptly and effectually."

Hahnemann is nowhere more felicitous than in attacks on *allopathists*. The following criticism on the ordinary *prescription*, merits the attention of Dr. Paris and Dr. A. T. Thomson.

"Every appearance of treating disease effectively and to the purpose, disappears in their manner of associating various medicinal substances to constitute what they call a *prescription*, and time has not only rendered this association sacred, but has converted it into a law. They place at the head of this recipe, under the name of basis, a medicine that is not at all known in regard to the extent of its medicinal effects, but which they think ought to subdue the principal character of the disease admitted by the physician; they add to this, one or two substances equally unknown in respect of their operation on the system, and which they destine either to fulfil some accessory indication, or to increase the action of the basis; they then add a pretended corrective, of whose special medicinal virtues they have no better knowledge; they mix the whole together, sometimes adding either a sirup, or a distilled water, which likewise possesses distinct medicinal properties, and *imagine that each ingredient of the mixture will perform, in the diseased body, the part that has been assigned to it by the imagination, without allowing itself to be disturbed or led astray by the other articles that accompany it*,—a result which no one could reasonably expect. One of these ingredients destroys, either partly or wholly, the operation of the other, or gives to it, as well as to the remainder, a different mode of action altogether, which had never been thought of, so that the effects calculated on could not possibly take place. *This inexplicable enigma of mixtures often produces that which neither was nor could have been expected, a new modification of the disease*, which is not observed amidst the tumult of symptoms, but which becomes permanent by the prolonged use of the prescription. Consequently, a factitious malady, joining itself to the original one, aggravates the primitive disease; or if the patient does not use the same prescription for a long time, if one or several be crowded upon him successively, composed of different ingredients,

greater debility will at least ensue, because the substances which are prescribed in such a case have generally little or no direct reference to the principal malady, and only make a useless attack upon those points against which its assaults have been the least directed.

"Though the action of every medicine on the human body should already have been discovered, still the physician who writes the prescription does not often know the effect of one in a hundred. Mixing several drugs together, some of which are already compounds, and their separate effects imperfectly known, in order that such a confused mixture should be swallowed by the patient in large and frequent doses, and then to expect from it a certain curative effect, is an absurdity evident to every unprejudiced and reflecting individual. The result is consequently the reverse of that which they expect to take place in so precise a manner; changes certainly take place, but not one among them is either good, or conformable to the object that is to be attained.

"*I should like very much to see that which is called a cure, by a man working thus blindly in the bodies of his fellow creatures.*"

It is well known that the Hahnemannists give their remedies only in excessively minute doses, the effects of which, they say, do not decrease in the same proportion as the quantity of the medicinal substance is diminished, but according to the following order:—If a drop of any medicinal substance produce an effect *a*, the tenth of a drop will produce an effect $\frac{a}{2}$, the 1000th an effect $\frac{a}{3}$, the 100,000th an effect $\frac{a}{4}$, and so on progressively.

We cannot give a more extended view of Hahnemannism now, nor shall we attempt to discuss its pretensions, or to point out what appear to be some of its absurdities. Hahnemann rises often into a *marvellous* sort of philosophy, and sometimes throws a flash of light over dark, uncertain, unexplored, and unknown regions. In his attacks on other systems of medicine,—on all the long range of glorious minds, from Hippocrates, Galen, Sydenham, and Boerhaave, to Cullen, the reader scarcely knows which to admire most, the innovator's effrontery, his extravagance, or his acuteness.

On the philosophy of therapeutics, it is not very fashionable to trouble ourselves in England; and many a veteran practitioner would probably be embarrassed, if asked on what principle, whether of *allopathy*, of *antipathy*, or of *homœopathy*, he prescribes his draughts and mixtures; for, like the *Bourgeois Gentilhomme*, we talk prose all our lives without being aware of it. But we apprehend that, in general, few persons who reason on the subject, would acknowledge any other standard or test of the efficacy of medicines, than experience; in the first instance, men administered remedies on all the various principles which analogy suggested, but only admitted, according to the inductive philosophy, their utility, when experience confirmed the anticipations of *a-priori* reasoning.

Therapeutics can only diminish the mortality, and limit the duration of sickness; the mortality and sickness can be accurately determined; let, then, all the rival sects, and let the Hahnemannists, honestly report all the cases which they treat, and if they do not, in acute diseases, lose two patients where the English practitioner would only see one die,—if their cases did not linger double the usual time—we may believe in Hahnemannism. It is only by the same numerical method that empirics, fanatics, and sceptics, can be silenced.

GERMAN JOURNALS.

Horn's Archiv. für Medic. Erfahrung. &c.

On looking over the first four numbers of this journal, we find, among other things worthy of notice, the following cases. The first is a case of

CONFLUENT SMALL-POX PRODUCED BY CONTAGION FROM A VARIOLOID ERUPTION.

A young woman, who bore on her arm eight very distinct marks of vaccination, was seized with malaise, heaviness about the head, feebleness in the limbs, pain in the neck previous, and at last fever, a few days before the birth of her first child. The fever, and its accompanying symptoms, were very high on the following day; labour pains set in on the third day, although delivery was not expected to take place before fourteen days later; a severe attack of vomiting and purging now came on, and a healthy child was born at midday. On the following morning a few spots appeared on the face, and the fever diminished; the eruption was evidently of a varioloid nature, and extended moderately to the rest of the body. The eruption continued for three days, and then dried off without producing the slightest accident. The child, who had not been removed from the sick chamber, though nursed by another female, was covered with

pimples on the fourth day after birth, which, on the following day, presented the appearance of a highly confluent small-pox, and terminated fatally in three or four days. This case occurs in the *Archiv.*, May, June, p. 443.

PROLAPSUS RECTI RETURNED BY A PECULIAR OPERATION.

A man, twenty-nine years of age, had suffered from his childhood under prolapsus recti, and was in the habit of restoring the intestine without any aid. On one occasion, when the rectum prolapsed, he cut a branch of willow, which divided, a few inches from the end, into two lateral prongs, and holding the pronged portion between his fingers, forced up the other end into the rectum, and thus restored the gut; however, on continuing the pressure too long, he had the misfortune to introduce the whole instrument within the rectum, which he was unable to withdraw, on account of the elasticity of its branches. After the lapse of eight days, the patient was seized with acute pain in the breast, and compelled to seek medical assistance; he ascribed the pain to the foreign body in the rectum, whose length he described as being somewhat more than four inches. The excretion of urine and fecal matter was perfectly regular, and nothing could be discovered by an examination made per rectum; some doubts were entertained of the truth of his story; however, laxative medicines were ordered, and another physician sought to discover the foreign body in the lower intestine, but without success. The patient now complained of frequent tenesmus, dysuria, and severe pain in the vesical and inguinal regions. Warm fomentations, lavements, &c., were employed without any advantage, and the patient was soon compelled to keep his bed. The author now saw the patient for the second time, about two months after his first visit, and, on examination, found to his great surprise one prong of the instrument projecting through the skin covering the gluteus maximus, and a little to the right side a fluctuation, which was opened, and allowed the second prong to be seized; the operator was now fortunate enough to separate them at their angle of junction with the stem, and withdraw each through the same opening. The instrument was much larger than the patient had described it to be. Each prong was fully nine inches in length, and the handle of the fork two inches long, with a diameter of three quarters of an inch. The man felt much relieved after the operation, but hectic fever set in, and he sank in five weeks; the examination of the body was not permitted by the friends.

Cases of foreign bodies in the rectum are not numerous; the following are probably unknown in *our* medical literature:—

A party of debauchees, wishing to play a trick on a woman of pleasure, cut short the bristles of a pig's tail, which they forcibly introduced into her rectum, the thick end upwards. Severe pain was the immediate consequence; the mucous membrane was irritated or perforated by the bristle stumps, and tenesmus set in; a portion three inches in length projected beyond the anus. The patient's state was very distressing. M. Morchettis was called upon on the sixth day. He conceived the idea of preparing a piece of cane so as to introduce one end of it into the rectum and thus isolate the foreign body from the wall of the intestine. He then attached a firm chord to the end of the pig's tail, which was passed into the tube; the latter was gently pushed up into the rectum, and when its extremity had reached beyond the extremity of the foreign body, both were extracted together without difficulty or pain. The patient felt immediate relief, and all unpleasant symptoms, the vomiting and fever quickly disappeared.

Buzzani relates that in the year 1777 he extracted at Turin, with a crooked fish-bone, from a man's rectum, a teacup, which the latter had introduced into the rectum for the purpose of dilating the canal. Nollet relates the following case:—A gentleman had introduced into his rectum a long glass phial: it was impossible to extract it, and obstinate constipation was the result. The neck of the flask constantly slipped away from every instrument that was placed round it. At length a child of eight or ten years old was directed to introduce his hand properly oiled, into the gut and seize the foreign body. This manœuvre succeeded. In 1813 Tuffel extracted a flask of crystal from the rectum, but he was obliged to break it up beforehand. Custance, in 1829, extracted an earthen pot. A pestle was introduced and struck with an iron bar, while the fragments were removed with the forceps. In one case Desault was forced to break up a chimney-sweeper's scraper with a lithotomy forceps and then extract it. A patient under the care of Professor Leber, at Vienna, attempted to procure an alvine evacuation by introducing into his rectum a piece of wood one foot long, and nearly an inch thick. On examination the foreign body could barely be reached by the finger; the lower end was perforated with a gimlet, and the body was extracted after a great deal of difficulty. In another case, which happened to Professor Von Reinlein, the point of a bit of wood could be felt under the false ribs, and the respiration was extremely difficult and painful. The portion of wood was extracted with a forceps. Several inflammatory symptoms followed, but they were removed by proper treat-

ment. A workman while in the act of satisfying nature, fell down and a piece of wood four inches and a half long, entered into his rectum. The foreign body remained in that situation for a year; gave rise to fistulous abscess, and was finally abstracted by DAHLENCAMP in 1829. Lastly, KERN and WALTHER have each extracted a shoemaker's pincers from the rectum.—Page 517.

DISCHARGE OF WORMS THROUGH THE SKIN.

Cases of discharge of worms through the external surface of the body are now and then recorded in the annals of medicine. The theory of perforation can now no longer be admitted, since it has been demonstrated that worms are not furnished with any apparatus capable of perforating the living tissues. Another explanation must, therefore, be discovered for this curious phenomenon. We may quote the following case communicated to the Royal Society of Copenhagen by Dr. WENDELBOE:—

On the 28th of February, 1829, the author was called on to attend a female, thirty years of age, who for the last fourteen days suffered under the effects of a blow that had given rise to the development of a tumour in the left inguinal region. The tumour was red and hard, and in a few days opened spontaneously, giving a fetid, ichorous discharge. The whole surface now became dark and gangrenous; the bowels obstinately constipated for three days, and the abdomen painful. A purgative lavement brought away a good deal of hard excrement, and gave much relief. As the woman was very weak, she was ordered some decochinæ with light nourishing diet; the bowels were regulated with enemata, the tumour dressed with lint dipped in decoc. chin. and tinct. myrrh. Under this treatment healthy granulations sprang up. However, on the 6th of March the patient perceived, for the first time, that some air passed through the wound, and it was evident that the abscess communicated with the cavity of the abdomen. On the removal of the dressings in the morning two ascarides were found in the lint, and a third was sticking in the lips of the wound. A powder composed of *Sem. Santon, Rad. Valer,* aa., ʒij; *Rad. Jalap.* ʒ ss; *Rhei* ʒi; *Salis Seidlii* ʒss; was now given thrice a day. This produced the evacuation of several ascarides mixed with slimy mucus through the wound, which continued up to the 12th March, when the bowels were opened in the natural way for the first time. From this period the wound gradually healed up, and the woman was cured on the 20th of the same month.—p. 541.

FORMATION OF A NEW PREPUCE.

In the number of the *Archiv.* for July and August, amongst other detached papers, we find at p. 645, "A Memoir on some Experiments towards the Formation of a New Prepuce." By Professor SVITZER. Communicated to the Royal Society of Medicine, Copenhagen:

Case 1.—Peter Ritterberg was a sailor; the opening of his prepuce was excessively small, scarcely four lines in diameter. In the year 1829 he was received into the seaman's hospital for venereal ulcer of the prepuce. Calomel was administered to salivation without any benefit. Ozondi's method was now tried, and after the use of eight grains of the sublimate, the ulcers all healed except one at the superior angle of the opening of the prepuce. The patient now left the hospital, but returned after three months with a gonorrhœa; this latter complaint was treated in the usual way, but still some excoriations continued to exist between the prepuce and glans, rendering copulation very painful. An operation was, therefore, decided upon. However, instead of slitting up the prepuce from before backwards, according to the common method, or, according to the advice of Ferrier, simply dividing the inner lamella, the operator determined on endeavouring to make a new prepuce, as Dieffenbach recommends; especially as he had reason to expect that the inner lamella of the foreskin was hardened, or, perhaps, united to the glans from the effects of the preceding inflammation. The operation was conducted in the following manner; the external lamella was drawn back as far as possible, and divided by a circular incision at the orifice of the prepuce; the external plate was now separated from the internal as far back as the posterior edge of the glans, during which dissection the arteria dors. penis was divided and tied. The inner lamella was now divided from behind forwards with a bistoury, and completely removed as far back as the posterior edge of the glans penis.

The bleeding was now arrested by cold water, and the external lamella having been brought forwards and doubled inwards, so far that the edge of the wound lay behind the corona glandis, was bound in that situation with strips of sticking-plaster. The member was now bathed in the lotio saturni, mixed with a little vinegar, and the patient ordered a cooling powder every two hours; towards evening the pulse began to rise, but he slept well; on the third day some purulent matter was discharged between the newly formed prepuce and the glans; an injection was accordingly thrown in under the prepuce, and the sticking-plaster carefully renewed every second or third day. At the termination of three

weeks the lamella was perfectly united behind the glans, a part of which was well covered.

Case 2. Carl Wundgaard was received into the hospital on the 10th of April, 1830, to be treated for phymosis. The prepuce was divided on the inferior surface as far back as the frenum, and the wound healed in ten or twelve days. The operation, however, did not fulfil the intended object, as the man was hitherto unable to cover the glans, especially when in erection. The operation described in the former case was therefore performed. It is necessary to notice that the inner lamella of the prepuce was very thick and indurated, while the foreskin itself was shortened by the previous incision, and it was impossible to reflect the external lamella. Towards evening some severe inflammatory symptoms set in, but were got under; a purulent discharge soon took place, and on the eighth day the patient was suddenly seized with cramps in the abdomen and sense of suffocation about the heart; the penis was greatly swollen, and of a dark-blue colour; the man himself very feverish; it was evident that a collection of arterial blood had taken place under the skin of the glans; cold compresses were immediately applied, but without effect, and in two hours it became necessary to make an incision of two inches and a half in the integuments of the penis, which gave exit to some large clots of blood, evidently arterial; an erection now happened to take place, and the arter. dorsal. penis immediately began to throw out blood; it was tied, and in a quarter of an hour all the symptoms were considerably alleviated. The whole member was now enveloped in compresses of whitewash and vinegar. The wounds soon healed under this treatment, and, notwithstanding the last incision, a good portion of the glans was covered with a new prepuce.—p. 651.

THE LANCET.

London, Saturday, March 26, 1836.

In the present Number of The Lancet will be found a variety of documents relating to medical contracts in the new parochial Unions. One of the articles is well calculated to relieve the mind from much of the gloom which has, for some time past, hung over it, arising from the numerous evils which the conduct of Boards of Guardians, sanctioned by that of Poor-Law Commissioners, has been so well calculated to produce. The protest which has been presented by the deputation from the medical practitioners of Buckinghamshire will be read with peculiar interest, and its contents will prove to the medical practitioners of the United Kingdom, that the members of the medical body who are resident in *one* county, at least, are prepared to discharge their duty to themselves, to the profession, and to the country.

But what further is to be done? Why, let all the medical practitioners of the kingdom follow the excellent, the admirable example which has been presented to them by the gentlemen of Buckinghamshire. The noble Lord, the Secretary of State for the Home Department, informed the deputation, "that no similar complaint had "reached him from the practitioners be- "longing to any other part of the country." From this declaration, it is quite evident that the hundreds of complaints which have been dispatched to the *Poor-Law Commissioners* have not been forwarded by those gentlemen to the *Home Office*. In this fact there may be, or there may not be, found an important neglect of duty. The present, however, is not a favourable opportunity for discussing that portion of the subject.

What, then, we repeat, is to be done? To what measures must practitioners resort, in order to rid themselves from the oppression which the working of the existing poor-law system is hourly perpetrating? Why, we again reply,—Deliver your protests at *the Home Office*, not only against the last Report of the Commissioners, but against all the atrocious enormities which do and must arise from consigning over the unhappy and destitute sick poor, to the merciless treatment of a set of needy, characterless, adventurers. A *number* of protests is wanting, as well as a great number of *protesters*. The applications to the Home Office, on the part of the aggrieved members of the profession, should be *many*, and often repeated. In

fact, without this salutary kind of agitation, *no relief can or will be gained*. Men in office are as prone to be listless and lethargic as other individuals, and the sweets of office, the luxuries, and the dignity and importance, which are consequent upon occupying elevated positions, have a tendency to withdraw the mind from a consideration of those questions which bring with them the bitter fruits of self-reproach. *Agitation* then is the word. *Without* it, no emancipation from the insolence and thraldom of Poor-Law Commissioners and their upstart agents, will ever be obtained, or ultimately secured.

One thing, however, should be borne in mind, namely, that all the "protests" the "disclaimers," and the "objections," which can be presented to Lord JOHN RUSSELL, will lose what ought to be their due weight, unless we can offer to the view of his Lordship some plan that does not exhibit any of those great obstacles to a satisfactory adjustment of the contract question, which have hitherto obstructed the whole of the calculations and prospects of the professional body. Some of the proposals are, undoubtedly, advantageous in many respects, and may be fairly regarded as ameliorations of the objectionable system; but we have not yet seen one which, in our opinion, contains even what ought to be considered as an approach to a fair compensation for the *honourable discharge* of the practitioner's duty. This, then, after all, is the great stumbling-block. Here is one of the great, the main roots of the mischief. Instead of consigning the poor to the "medical" care of miserable creatures who hang about the portals of Somerset House, competent payment should be secured by law to the respectable resident practitioners of every district, and in this view of the question we cannot avoid expressing our approbation of the scheme of Dr. TWEEDALE and those gentlemen who agree with him on the subject. But even in that proposition there is no security for *efficient* payment. We utterly deny that the sick poor ever can be justly treated in the hour of pain and need, at the rate of from two to five shillings a head per annum. The thing is impossible. The impossibility is apparent after a moment's reflection. Time for consideration upon such a point is not wanted. There may, indeed, be practitioners who would consider it to be their duty to attend a sick person at a distance of seven miles from his residence for six months, visit him daily for that period, furnish him for twenty-six weeks with all the medicine that may be required by the nature of his malady, and all this for the beggar's sum of five shillings. But how many of such men are to be found? Nowhere are persons to be met with whose circumstances will admit of this profitless bestowal of their time? And yet there are Poor-Law Commissioners and Boards of Guardians who, shielding their own cruel decisions under that damnable spirit of competition which exists among rival parties, can place their hands and seals to contracts of so degrading and abominable a description.

In the House of Commons we have stated that it is a scheme for *destroying*, and not for *protecting*, the poor; and experience gives the stamp of truth to this declaration. Who, then, is to remain quiet, what man is to retire to his pillow with a peaceful mind, when he knows that thousands of his fellow creatures who, during a long series of years, have been engaged in the habits of peaceful, honest, industry, are left to writhe in agony under the neglect of some stony-hearted monster who has made a pen-and-ink engagement to relieve his wants and administer to his sufferings, or are handed over to some wretch, who makes the victim of one calamity that of a hundred others, by subjecting him to the operation of a series of experiments, for the purpose of obtaining "*useful practical experience in his profession!*" Ah! the truth will out, sooner or later, that in making nine-tenths of the medical contracts in the parochial unions,

no regard whatever has been had to the *moral* character of the medical contractor,—a point of almost greater importance in such engagements, than even professional ability. Never, in short, was a greater outrage offered to the humane feelings of the country, than when it was determined to consign the sick poor to the hands of the lowest bidders for the contracts. So flagrant has been the rule observed in this respect, that in many places no kind of testimonial whatever has been offered by the medical adventurers, except their certificates from Apothecaries' Hall, or pieces of blotted sheepskin from the College of Surgeons,—thus paying less attention, in such agreements, to the *manner* in which the conditions of the contract shall be fulfilled, than to an obligation for supplying an Union Workhouse with flour, meat, or apparel,—the performance of *these* latter engagements being always guaranteed by the efficient security of other responsible and respectable persons. The same caution prevails in the appointment of governors and matrons of workhouses. *They* are required to produce *testimonials of moral character*; but nothing of the kind is demanded from the *unknown medical contractor*,—the tool who is dispatched from the Office in Somerset House,—the casual observer of an advertisement in a newspaper!

We tell Ministers, unequivocally, that if they persist in allowing the Poor-Law Commissioners thus to conduct themselves with regard to the profession and the sick poor in this country, they will become objects, *and justly so*, of detestation and hatred, to every honest and intelligent person in the kingdom. Such an administration of the law is a national calamity. It is a scourge to the afflicted. It is a violation of every principle of justice. The medical practitioners, therefore, of Buckingham, are entitled to the best thanks and gratitude, as well of the nation as of the whole of their professional brethren, for their manly and consistent conduct in presenting a protest to the Government against a system, the distinguishing feature of which is signalized by every attribute that can be revolting to a humane mind.

At too late an hour in the week to allow of our giving in the present Number of The Lancet any details of its contents, we have received some copies of a little pamphlet of about twenty pages extent, with the following title:—

"Quackery; its Danger, Irrationality, and Injustice; the Causes of its Success; the Best Means for its Suppression.

Addressed to all Classes of the Community."

The profession may thus see, that, urged by the imminent peril of the community, we have at least one helpmate in the field, who is attacking the hydra-headed monster with its own all-powerful weapon,—the press. The effort is most timely and vigorous, and with the warmest recommendation of the pamphlet, we urge upon our readers to procure it, and add to their store of arguments, while their energies are stimulated by the perusal, new and convincing reasonings with which, in their several circles, they also may attack the merciless death-dealing nostrum-mongers, who range with unparallelled audacity and impunity, unchecked, throughout every county of the empire.

An appendix to the essay contains a "Form of Petition for the Abolition of Quackery." The pamphlet is printed at Bath by Mr. Gibbs, and is announced as procurable from "all booksellers," price sixpence. The name of a London publisher should have been attached, to facilitate the supply of orders in town; but we have no doubt that the author, Dr. Charles Cowan, of Bath, the able translator of M. Louis's "Researches on Phthisis," will at once take care that copies shall be furnished to some London house, where orders given to booksellers in any part of the kingdom,

may be easily executed through their agents in town. In the meantime, however, as the name of the London publisher may not be so quickly known, we beg to state, that copies shall be obtainable by the trade at THE LANCET office, if the printer at Bath be directed to consign a parcel to the care of our publisher, who will act as gratuitous agent on this occasion.

RELATIVE to the report of a trial at the late Lincoln assizes, which will be found in another part of our columns this week, we shall merely state our opinion that the Home Office has acted with the most perfect propriety in the institution of the prosecution. The supply of subjects to our schools of anatomy has become much improved, and dissection has now lost many of its horrors in the eyes of an intelligent community. This growing advantage cannot be secured, unless the provisions of the Anatomy Act be fully enforced, so as to prevent a recurrence to the odious and disgusting practices of the resurrectionists.

INTERCEPTED LETTER.

"MY DEAR SIR: From the hurry I happen to be in, (having just had to attend a professional summons), it was not in my power to reply to that part of your most interesting letter which relates to my unsatisfactory interview with Mr. SPRING RICE; and I was also prevented from thanking you, and expressing my feelings of gratitude for the communication you made, and the delicate mode you adopted, to warn me against certain parties with whom I am necessarily compelled at this time to come in contact. However, while I am perfectly aware of the high moral feelings which prompted you to address me on this subject, rest assured that I am perfectly and intimately acquainted with the individual to whom you allude. But I appreciate no less your anxieties on my account, and am always grateful to my numerous friends for the hints or suggestions they may make, of whatsoever kind. I must, indeed, confess to you, that I am fully aware of the want of principle and high moral feeling of all the parties, and more particularly of him, whose actions it is quite proper that I, as the representative and head of the profession, should justly estimate. The fact is, my dear friend, that circumstanced as I have been, and acting so important a part as I am, in that great drama of life to which I appear to have been destined by an all-wise Providence, I have been obliged occasionally to co-operate with individuals of the most contemptible description. I have been necessarily brought into close contact with such persons; but while *they* have been flattering themselves that they have been deceiving and making use of *me*, for their own selfish purposes, do not suppose that I have not made *my* use of *them*. I have observed human nature in every aspect and grade of life. I have made it my business to study men and women in every possible condition, and from the Court of St. James's down to the College in Pall-mall East, and from the princess to the lady's maid, I have found human beings, generally speaking, all alike! Doubtless I have met with many pious and good men in the world; but the mass have been hypocrites, turncoats, and adventurers, caring for no human being but themselves, and ready to perform all kinds of filthy services to answer their own ends with the good men. My dealings have always been straight-forward and liberal; but with the rubbish I have ever taken good care to deal just as they have endeavoured to deal with me. Diamond cut diamond, has been my motto. With no one have I been more guarded than with the surgical knight. But contemptible as he may appear to you, he has in many ways, and at many different times, answered my purposes. I consider him as legitimately educated, and in every way accomplished, for carrying on the *pure* trade of surgery at the west end of the town. Although he may have occasionally attended such cases as ought exclusively to be the property of the *pure* physician, yet he has always admitted its impropriety, and never pretended to defend his conduct on such occasions, publicly acknowledging the policy and propriety of *purity*, both in surgery and in physic, upholding the advantages derivable from this subordinance, and declaring the *necessity* of having in the profession a low and uneducated class of medical men. In all these respects our sentiments perfectly accord, and are in perfect unison. I am also free to confess that he has sought every opportunity of calling in a physician when he could find any *plausible* excuse for doing so, whilst he has very justly expected that the pure physician, in his turn, should call in *him*, whenever he could find out any external symptom of disease. In this way he has been useful to me, and I, in turn, to him. Times, however, as you know, are sadly changed, and patients will not now often submit to this species of *double 'thonging.'* I was so situated that I could not avoid assisting him in his court intrigues;

I was compelled to do so to please Sir W. K., but I risked my reputation in the part I took to promote his interests.

"From all that I have now stated to you you will perceive how unnecessary it is to caution me about this sanguineous knight, and I think you will see the necessity of my occasionally employing, and, at all events, of bringing over to our side of the question, the most audacious hypocrites and apostates. BUONAPARTE laid it down as a rule to employ talented and accomplished scoundrels, as well as able and good men; but then he watched them closely. I follow his example, and after a long and extensive experience of thirty-seven years, I find that all mankind are to be had at a certain price. While woman is to be overcome by flattering her personal vanity, men are to be got over by filling either their *purses* or their *stomachs*. I have had occasion lately, in particular, to experience the soothing influence of a good dinner to one physician, and of a rich patient to another physician. You may recollect how rapidly Doctor SEYMOUR wheeled about from the liberal party in the College, and gave up his eternal chattering the moment I sent him to the Countess of J———y, telling her ladyship that SEYMOUR possessed consummate skill in *diseased ovaria;* I must resort to some expedient of the same kind, to alter young W———n's tone. He has all the vanity of his poor father, and the pertness of his mamma's family, so that I have not the least doubt that I shall easily be able to put a stop to his awkward *liberalism*. Sir BENJAMIN still feels exceedingly tender at the opposition which the Doctor made to the Baronet's jobbing at St. George's, and it will not be a very easy matter to get them again on good terms with one another. Never was anything more absurd than BRODIE's attempt, in the bitterness of his heart, to revenge himself by sinking so many thousand pounds in building a school. BYRON has aptly observed,

> 'Revenge is sweet, particularly to Women,
> 'Pillage to Soldiers, Prize-money to Seamen!'

Had his lordship seen the jobbing at St. George's, he would have introduced *pure surgeons* into his distich.

"As to the Metropolitan University, I have already told you, that I fear our game is up. Had it been a *pure Whig* measure, there might have been some chance of our altering, delaying, or even frustrating, the plan. But from the circumstance of its being a favourite scheme of the radicals, in fact originating with them, I have no hope. The establishment of an institution to grant to the Dissenters the privileges of our ancient and venerable institutions, must be of primary importance to a Whig-radical government, and we cannot suppose that in framing their charter, they have been so short-sighted as to permit any of us who are connected with the *old* system to have a finger in the pie, I therefore prognosticate that all those who have participated in the benefits, and who have derived emoluments from students, either by large hospital or large class fees, will be considered *ineligible*, and disqualified to hold any office in the new establishment. I am, however, aware that many of our friends are anxious to obtain office, and I think it extremely probable that the sanguineous knight has been intriguing for a place; neither should I be surprised if he was, by some of his oblique movements, to surmount the apparently overwhelming obstacle of his connection with the close borough in the Strand, and leave poor King's College in the lurch. I consider him as a perfect *harlequin*—an actor of the highest powers,—a most remarkable humbug. It would be very inconsistent for me, in my high position, to assume any character but that of an ultra-Tory. My whole life has been uniform and consistent. *I* am no apostate; but the knight will cast his eyes upon the ground, and talk of the propriety and necessity of adopting *liberal* measures, while in an hour afterwards he is actively employed with his own particular clique in concocting measures of monopoly. He reminds me of the holy *padre* who, while seducing his victim, implored her to pray for the manifold blessings which had been bestowed upon her during life. Your faithful Friend,

"H. H.

"May-fair, March."

INDICTMENT AT LINCOLN ASSIZES FOR BODY STEALING.

ON Tuesday, March 8th, 1836, at Lincoln, *Robert Andrew*, apprentice to Mr. Jackson, surgeon, of Moulton, was indicted under the provisions of the Act 2nd and 3rd Wm. 4, c. 75, for unlawfully having in his possession in the parish of Moulton, on the 15th of November last, a dead body, without being licensed as the statute provides; another count charged him with procuring, or causing to be procured, the said body, and thereby violating the common law.

Mr. Amos, in opening the case against the defendant, said that the indictment was brought under the twelfth section of the Act, which enacts that it is not lawful for any person to carry on or to teach anatomy in any place, or receive or possess for anatomical examination, any deceased body, unless such party shall have given notice and received a license from the Secretary of

State's Office. The learned gentleman then proceeded to call the following witnesses.

Benj. Skeath said, I am sexton of the parish of Moulton. Mr. Andrew is an apprentice to Mr. Jackson, surgeon there. In November last, Geo. Lucas died in the parish; he was buried on the 12th. I observed, on the Sunday following, that the sods over Lucas's grave had been disturbed. I fetched a probe, and tried the grave, but found the coffin there. After the service I mentioned to the Rev. C. Moore my suspicions; he sent me to the deceased's friends, to obtain leave to open the grave. It was opened between two and three in the afternoon, when I found that the screws had been taken out of the coffin, the lid lifted up, and the body was gone. I then went with Mr. Moore to Mr. Jackson. Mr. Jackson came to us: the first words he said were, that the body was of no use to him, and he thought it would be of none to Mr. Andrew. Mr. Moore told Mr. Andrew we should search for the body, and if he had anything to do with it, he had better confess. We found it in a garret: Andrew showed where it was. The head of the corpse was skinned, and the skull cut off just above the eyebrows. The defendant assisted in putting the body into the coffin, and it was reinterred. Mr. Jackson wished to put off the search till evening: he begged for two hours delay.'

Wm. Smith, constable of Moulton, remembered going to Mr. Jackson's on Sunday. Mr. Andrew unlocked a trap-door which led into the garret. I there saw a dead body lying on the table, with the skull and part of the head gone. On the table were several lancets and knives, and a book, entitled "Dissections." Mr. Andrew said that he would show me one of the finest muscles I ever saw in my life, knowing, as he said, that I was something of a judge in such matters; he then took a knife from the table, opened the stitches of the left breast of the corpse, and showing the muscle, said, "This is what causes the arm to go forward." The defendant then said that he would make the family any recompense they desired, for all surgeons had such things. On Mr. Andrew being told that he had left a turn-screw in the coffin, he frankly owned that such was the case.

The *Rev. C. Moore* gave the following account of the conversation relative to the body:—"I said to Andrew, 'If you have not the body, you may as well go with the sexton and show him over the premises for the satisfaction of the public.' Seeing him in trouble, I said, 'If you have the body, you may as well say so, for we must search the premises.' His answer was, 'I have the body, but I bought it;' and in answer to a question from his master as to where the body was, he said it was in the garret."

The prisoner's examination before the Rev. Dr. Moore and the Rev. C. Moore was then read, from which it would appear that he had bought the body of two strangers for 2*l*, that it was introduced into the house between 1 and 2 o'clock on the Sunday morning, and that his master knew nothing of the transaction until he saw the body in the presence of the magistrate and the other witnesses.

Mr. H. J. Nivett, of the Home Office, was called to show that no license or certificate had been granted from the Secretary of State's office either to Jackson or Andrew.

Mr. Andrew, being called upon for his defence, said that his master had persuaded him to take the blame, in order to screen himself from the consequences, and that he (Jackson) endeavoured to put off the search until the evening, that he might get the body out of the way. To prove this statement, he called

Emanuel Andrew, who said that he went to carry his brother some clothes on Saturday night the 14th of November, when Mr. Jackson gave his brother permission to go home with him that night, and he did not return till *six* o'clock on Sunday morning. On Sunday the 22nd, Mr. Jackson rode up to witness's garden-gate, and a conversation took place between his brother and that gentleman, the purport of which was, that he (Robert Andrew) should take all the blame of the late discovery upon himself. Witness could not recollect the precise words used upon the occasion.

Rebecca Button was also called, but her evidence failed to throw any further light upon the transaction.

In summing up the evidence, the Judge observed that what had been done was entirely contrary to the provisions of the Act. His Lordship made some remarks upon the "singularity" of that part of the brother's evidence, wherein he deposed to the general purport of a conversation with Jackson, and said it was most strange that he (defendant's brother) could not recollect any part of the conversation, or the arguments used by Jackson to induce Andrew to take the blame to himself. After remarking upon the difference between the brother's testimony and the depositions of the prisoner before the magistrates, the Judge left it for the Jury to say whether Andrew was the party who had in his possession a dead body contrary to the regulations imposed by the Act.

After a short consultation, the Jury returned a verdict of *guilty*, but recommended him to mercy, as they believed he was not aware of the Act. The Council for the prosecution also said, after what had taken place, they did not press for a severe punishment, and the defendant was liberated for the night, upon his brother's becoming bound for his appearance on Wednesday morning to receive judgment.

On the next day, Wednesday, Mr. Justice Bosanquet proceeded to pass the sentence upon him. He said, that Andrew, as a young man, might not have been aware of the offence he was committing, but he (the Judge) felt it was necessary to inflict some punishment upon the present occasion, as a warning; and as he was unwilling to inflict a fine which the defendant would be unable to pay, he must submit to be *imprisoned for a fortnight.*

This is the first conviction under the Act since its passing in August, 1832.—Abridged from the *Lincoln Mercury.*

VERDICT WITHOUT SUFFICIENT EVIDENCE.

To the Editor.—Sir: On Tuesday, the 15th instant, I was sent for to see a person named *Moses Samuel*, who was said to have taken arsenic. He certainly exhibited those symptoms which arise after taking a mineral poison, and, accordingly, I gave him an antidote, and cleansed the stomach, as well as I could, with the stomach-pump. No medical aid was sought for until two hours and a half had elapsed after taking the supposed poison, and the patient died in a short time after I had visited him. On the Thursday following, an inquest was held on the body by Mr. Stirling. The deceased's confession, and the statement of a person who sold some arsenic to him, were the only matters put in as evidence that he had taken arsenic. A woman, with whom he had cohabited, said that she bought him some antimonial wine, which he took; but no proof was adduced that antimonial wine was taken. I saved some of the contents of the stomach, but could not detect arsenic by any of the usual tests. The medical evidence was, that the man probably died from some poison, but what kind the witness did not know, stating that the only means of ascertaining the fact was by a post-mortem examination, which the jury did not think proper to enforce. A verdict was returned, "Died from taking Arsenic." Now no person saw arsenic taken, and it could not be discovered by analyzation? Is not this a case which absolutely demanded a post-mortem examination? And would not a medical coroner have advised the jury to withhold their verdict until it had been performed? I am sorry to say, that no such advice was given. I am, Sir, your obedient servant,

Benjamin Bernard Eardley.

Islington, March 22, 1836.

NORTH-LONDON HOSPITAL.

GASTRODYNIA.

William Odell, ætatis suæ 38, a farmer residing in Bedfordshire, admitted Dec. 22, 1835, under the care of Dr. Elliotson. He is of a spare habit, has never been addicted to drinking, and has usually enjoyed very good health. Two years since he was seized with severe pain at the epigastrium, not increased on pressure; loss of appetite, frequent vomiting, depression of spirits, palpitation of heart, and obstinate constipation, which continuing for some time, and gradually increasing, obliged him to consult a medical practitioner, who supplied him with medicines, which afforded considerable relief, and, at the same time, ordered him to rub into the chest tartar-emetic ointment, the result of which was an abundant eruption of phlyzaceous pustules, which healed with difficulty. In June, or July last, these symptoms became unexpectedly aggravated, and have been increasing to the date of admission.

His symptoms now consist of dull, aching, and gnawing pain in the epigastric region, not increased on pressure or inspiration, aggravated after eating, but relieved for a short time by warm drinks, more particularly spirits, or wine and water. He is exceedingly low-spirited, cannot sleep, and is worse in the morning than at night. Complains of violent pain across the umbilical region, arising, doubtlessly, from constipation, the bowels having been confined for two or three days; his appetite is tolerable, although he occasionally vomits, and suffers from palpitation. No pain in head or chest, and auscultation reveals no abnormal condition of the thoracic viscera; urine passed in large quantities, but thick and turbid; tongue tolerably clean; pulse 84, natural.

℞ *Acidi Hydrocyanici* ℥ij; ex *Aquæ Menthæ Piperitæ* f. ℥iss. 6ta quaque hora sumatur.
Extract. Colocynth. Compos. gr. x, quaque nocte hora somni sumatur.

December 24. Pain of stomach relieved, but still complains of want of sleep.

28. Much better; bowels relieved daily; pain in chest removed, but irritability of stomach continues. Auge *Acidum Hydrocyanicum* ad ℥iv.

January 2, 1836. Stomach irritable. Auge *Acidum Hydrocyanicum* ad ℥v.

5. *Acidi Hyd.* ℥vi. 5ta quaque hora.

10. Although pain of stomach still remains, he expresses himself as considerably better than on his admission; bowels continue constipated.

℞ *Acidi Hydrocyanici* ℥vi;
Eger Olei Crotonis Tiglii ℥ ½, omni nocte sumatur.

January 16. Occasional pains, want of sleep, and great coldness of the back. Pergat in usu medicorum.

19. The dose of the acid not subduing the irritable condition of the stomach, increase the dose to nine minims; complains of

* Phlyzacium a small pustule containing pus and raised on a hard, circular, inflamed

griping and pinching from the oil. Omitte oleum crotone, ejusque loco capiat Extract. *Colocynthidis Compositi* grana decem omni nocte.

26. Pain much relieved, but still perceived after dinner.

31. Improving gradually. Sumatur æger ferri sulphatis grana tria, ter quotidie.

February 1. Pain nearly gone, though some remains in the back and loins.

3. *Sulphatis Ferri* gr. iv, ter die.

15. Discharged cured. To take with him a supply of his medicine.

OPERATION ON THE JAW.—Ann Struther, the patient who was operated on on the 7th of February, and whose case we reported in a late No., has continued to improve; the wounds have completely healed; the tumefaction has almost entirely gone; she is in good health and spirits, and the cheek on which the operation was performed looks nearly as well as the other.

March 15. Has not had one bad symptom, and is now in excellent health and spirits. The space occupied by the tumour and affected bones is gradually diminishing in size.

DISLOCATION OF THE PATELLA.—John Fullard, aged 17, was admitted Sept. 4. 1835. Whilst struggling with some of his companions he struck his knee against one of them, and immediately fell, being unable to stand. The patella was situated upon the external condyle, resting upon its inner border, the articular surface looking outwards. For the reduction the shoulders were raised, the knee was extended, and the whole limb was bent as much as possible upon the pelvis. With considerable force, pressing on the elevated margin of the bone, the reduction was soon effected.

Sept. 7. There is a little effusion within the synovial membrane, for which, on the following day twenty-four leeches were applied, which had the effect of reducing the swelling considerably. On the 13th the joint was bandaged. On the 16th a blister was applied on each side of the patella. On the 16th of October he walked without any uneasiness; two small sores, subsequent to the blister, had not yet healed. The joint has since quite recovered its power.

Sir A. COOPER has seen only one case of dislocation of the patella, and Mr. LISTON never witnessed an instance of the accident.

To the Editor.—Sir: As a prejudicial misconception is entertained by several medical gentlemen in this district, which may also pervade others, from the manner in which the average expense for medical attendance &c. is stated at the foot of my communication of 20th of January, you will particularly oblige me if you will find a small space to explain that, in the parishes 8, 9, 10, 11, the sums specified present the expense per head on the gross population, and not merely the average of *each case requiring assistance*. Thus Syderstone (No. 8), containing 421 persons; these, multiplied by 8d. give a total of 14*l.* per annum, the average for the last seven years. I am, Sir, very respectfully your obedient servant,

EDWARD MANBY.

East Rudham, 5th March, 1836.

Flora Metropolitana; or Botanical Rambles within Thirty Miles of London, the results of Excursions in 1833, 4, 5, being a List of Plants found around London, particularly in Surrey and Kent, intended for Students. With a List of Land and Freshwater Shells in the Environs. By Daniel Cooper. London, Highley, 1836, 12mo, pp. 139.

CORRESPONDENTS.

W. C. of Brompton, in reply to the last letter of Mr. Osborn, observes "that, as petroleum, or mineral naphtha, evaporates and will distil at a temperature much lower than that at which the most fusible glass which is made into retorts will melt, the statement of Mr. Osborn that he required a 'strong heat' (such as would melt glass) in his late experiment, satisfies W. C. that it was Dippel's oil that Mr. Osborn obtained." W. C. contends that he "*could* know the quantity required for the neutralization (not the 'decomposition') of the acid," and he concludes by saying that "when he is informed what action sulphate of lime and an excess of chalk are to have in the well-known process of the destructive distillation of blood or any other animal matter, then he will repeat Mr. Osborn's *exceedingly difficult process*, and at the same time attempt to ascertain the quantity of *chalk* required for the *decomposition of sulphuric acid*."

Chirurgus and *M. M.* next week.—The communications of *Dr. Howison*, *Dr. Fosbroke*, *Dr. Wolff*, *Mr. Phelan*, *Mr. Davey*, *Dr. Clanny*, and *Civis*, have been received.—An accident only has prevented the insertion of Mr. Crisp's case.

If *Civis* will examine the present and a few late numbers of THE LANCET, he will find that he had, as he thought, no occasion to pay us the "bad compliment." Such of the statements in his letter as can with propriety be communicated to the parties chiefly interested in promoting the ends of justice shall be made known to them.

(*From a Correspondent.*)—A petition at Liverpool in favour of the Medical Witnesses Bill, has been very numerously signed.

The many good points contained in the letter of *W. B.* shall see the light next week.—We have received, and will carefully peruse, the communication of Mr. *L.* on H.—Dr. *J. T.* The present mode of transmission is correct.